City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 85 Penn Avenue, Portland	Owner: Mulkerin Ass	Owner: Phor Mulkerin Associates		72–2127	Permit No 9 0)37.3		
Owner Address: 426 Forest Avenue	Lessee/Buyer's Name:	Phone: Busi		sName:	parameters and the control of the co			
Contractor Name: Builders Insulation Co.	Address: 79 Lincoln St. So, Portland Phone:				Permit Issued			
Past Use:	Proposed Use:	COST OF WOR	COST OF WORK: PERMIT FEE: \$ 1900 \$ 30.00		3			
Single Family	Single Family	FIRE DEPT. □ Approved □ Denied		INSPECTION: Date 23 Use Group: R-3 Type: 5 12				
		Signature:		BOCA 96 Signature: Hella		405A-F-011		
Proposed Project Description:		PEDESTRIAN A	EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:			
Install Gas Fireplace	Action: Approved			Shoreland □ Shoreland				
		Signature:		Date:	□Subdivision			
Permit Taken By:	Date Applied For:				☐ Site Plan maj	□minor □mm □		
SP	SP 22 April 1999				Zoning Appeal			
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 						☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied		
					Historic Pred □ Not in District of □ Does Not Requires Revie	or Landmark uire Review		
					Action:			
CERTIFICATION								
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all						□ Denied		
areas covered by such permit at any reasonab	· ·	-		we the authority to enter an	Date:			
		22 April 1999						
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-			
DECOMED E DEDCON IN CHARGE OF W	ODV TITLE			DIJONE.	-	2		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	CEO DISTRICT			
White	-Permit Desk Green-Assessor's	Canary_D PW Pink_Pu	ıblic File	Ivory Card-Inspector				