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

Location of Construction: 17 Liberty Way (lot 16 Pines) Owner: Pines of Portla		Phone: 772-2127		Permi(040) 0 9 4 (
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name: ***Pines of Portland Inc., Address: 426 Forest Ave Portland 772-2127			Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK \$1,000.00	FERMIT FEE: \$ 30.00	N= 25 c)
Single Family	Same	FIRE DEPT. Signature:	Approved INSPECTION: Use Group 3 Type: 2 Signature: Holland	Zone: CBL: 405A-GG-e10
Proposed Project Description: AMENDMENT to permit # 000883 PEDESTRIAN ACTIVITIES DISTRICT (VA.D.) Action: Approved with Conditions:				Special Zone or Reviews:
Add gas fireplace & enclosur deck.	e to family room & relocate		Denied Date:	□ Wetland □ Flood Zone □ Subdivision
Permit Taken By: Gay1e	Date Applied For:	gust 23, 2000	GG	Site Plan maj Dmino Dmin D
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 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. 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		4	PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	as his authorized agent and I agree to confoissued, I certify that the code official's aut	k is authorized by the orm to all applicable horized representati	e owner of record and that I have be laws of this jurisdiction. In addition we shall have the authority to enter	on, ☐ Denied
	Augus	t 23, 2000		c S
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	CANT ISSUED 13 SOLET
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		PHONE:	PERMIT ISSUED PERMIT ISSUED VITYCED DISTRICT 2 VITYCED DISTRICT 2 VITYCED DISTRICT