## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: \*\*\* Christopher / Rebecca Lee \*\*\* 797-4228 215 Maine Ave. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Same Permit Issued: Contractor Name: Address: Phone: Owner Proposed Use: **COST OF WORK: PERMIT FEE:** Past Use: SEP 1 2 2000 \$500.00 \$30.00 **FIRE DEPT.** □ Approved INSPECTION: Single Family Same Use Group: Type;523 ☐ Denied CBL: BOCA 99 406-C-006 Signature: Signature: Proposed Project Description: Zoning Approval PEDESTRIAN ACTIVITIES DISTRICT (MA.D.) Action: Approved Special Zone or Reviews: $10 \times 16$ Shed Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: August \$2x 31, 2000 GG Gay1e news brutt 19 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation DNot in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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 □ Denied 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 Date: PERMY ISSUED OF THE PREQUIREMENTS CERTIFICATION areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit August 31, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE