City of Portland, Maine – 1	Building or Use Permit Applicat	tion 389 Congress	Street, 04101, Tel: (20	· · · · · · · · · · · · · · · · · · ·
Location of Construction: 99 Maine Ave Owner: Kelsue, S		tephen & Star	Phone: 878-2913	Permit No: 9 8 0 5 3 1
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: NXMMXXX Owner	Address:	Phone:		Permit Issued: 2 6 1998
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$ 500.00 \$ 25.00		CITY OF PORTLAND
1-fam		FIRE DEPT. Signature:	Approved INSPECTION: Use Group: Typ Signature: Assignment of the state of the stat	
Proposed Project Description: Enclose ex isting bulkhead opening. Put roof on existing 5 x 8 foundation		PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Approved with Conditions: Denied Signature: Date:		Zanina Amanual (V OD)
Permit Taken By:	Date Applied For:	20 May 1998	☐ Site Plan maj ☐minor ☐mm ☐	
 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 				Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
				Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				dition, □ Denied
CVCN ATTUDE OF A DRI ICANIT	ADDRESS	20 May 1998		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE	OF WORK, TITLE		PHONE:	CEO DISTRICT

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