City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: *** 1187 Washington Ave ******* Paul Keef 797-4557 000974 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: SAA 1 2000 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 3,000 42,00 **FIRE DEPT.** □ Approved INSPECTION: single family Use Group 4-3 Type 5 same ☐ Denied CBL: BOCAGU 408-D-002 Signature: Signature: A Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (1/A.D.) Action: Approved Special Zone or Rev Approved with Conditions: Home Occupation hair salon □ Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K Aug 28 2000 K **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 Not in District or Landmark PERMIT ISSUED ☐ Does Not Require Review WITH REQUIREMENTS ☐ 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: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Aug 28 2000 **ADDRESS**: SIGNATURE OF APPLICANT DATE: PHONE: PERMIT ISSUED

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

PHONE:

CEO DISTRI

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE