## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: \*\*1205 Washington Ave. \*\* Peter A. Beliveau 797-4441 Owner Address: 000323 Phone: Lessee/Buyer's Name: BusinessName: SAA N/A N/A N/A Permit Issued: Contractor Name: Address: Phone: SAA Owner SAA COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$4,500 \$ 54.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same Use Group of Type: 5/ ☐ Denied Zone: CBL: 408-D-015 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Enclosed sun room 14 x 14 4 season. Approved with Conditions: ☐ Shoreland N/ Denied ☐ Wetland ☐ Flood Zone Zone X □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: KA 4-12-00 **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 Mot 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

areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-12-00 ADDRESS: PHONE: SIGNATURE OF APPLICANT DATE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector