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:
123 Ray Street	etMichael Allen		878-8767		00005
Owner Address:	Lessee/Buyer's Name:	Phone:	Phone: BusinessName:		- 0.0 .9-2. 5
SAA					Permit Issued:
Contractor Name:	Address:	Phone	2:		remit issued.
SAA	Dropood User	COST OF WOR	<u> </u>	PERMIT FEE:	2 3 2000
Past Use:	Proposed Use:	\$1,000	n., 	\$ 30.00	
single family	same	FIRE DEPT.	Approved	INSPECTION: 80CA 9	7
			Denied	Use Group: Type:	
		Signature:		Use Group: Type: R-3 5-B Signature: T.M.	409-B-001
Proposed Project Description:			CTIVITIF	ES DISTRICT (P.A.D.)	Zoning Approval:
			Approved		ph 3 8/2 40
				with Conditions:	Special Zone or Reviews ? ☐ Shoreland
żłxżń x 12x16 Deck free Stand	ling	Denied			□ Wetland
					Flood Zone
		Signature:		Date:	□Subdivision
Permit Taken By:	Date Applied For:				□ Site Plan maj □minor □mm □
<u>K</u>	Aug 2	1 2000 K			Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
					□ 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 ar	id stop all work			-0	
				SUED	
tion may invalidate a building permit and stop all work PERMIT ISSUED WITH REQUIREMENTS					Aistoric Preservation
					Brot in District or Landmark
WILL					Does Not Require Review
					□ Requires Review
					Action:
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					Approved with Conditions
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,					Denied
	ion is issued, I certify that the code official's a				
areas covered by such permit at any reasona	ble hour to enforce the provisions of the code	(s) applicable to such	permit	·	Date:
			_		
SIGNATURE OF APPLICANT	ADDRESS:	<u> </u>	0	PHONE:	-
					2
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE			PHONE:	
Whi	te–Permit Desk Green–Assessor's Cana	ary–D.P.W. Pink–Pu	blic File	Ivory Card–Inspector	