

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: **19 Dalton Street		Owner: 04103 **Elaine & Lee Hodgins		Phone: 775-6402		Permit No: <b>000297</b>
Owner Address: SAA		Lessee/Buyer's Name: SAA N/A		Phone: N/A		
Contractor Name: Maine Wide Construction		Address: P.O. Box 2106 Augusta, ME		Phone: 1-800-452-1940		Zone: <b>R-5</b> CBL: 427-L-010 <b>11</b>
Past Use:  1-Family		Proposed Use:  Same		<b>COST OF WORK:</b> \$ 8,379 <b>PERMIT FEE:</b> \$ 78.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: <i>1A</i> Type: <i>5B</i> <i>BOCA99</i> Signature: <i>[Signature]</i>		
Proposed Project Description:  Build a 22 x 36 two door garage (detached)				<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		
Permit Taken By: ub		Date Applied For: 4-10-00				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

**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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: 4-10-00 PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

**PERMIT ISSUED WITH REQUIREMENTS 2 CEO DISTRICT**