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:
30 Woodlawn Ave.	James Wass			991050
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address:	Pho	ne:	Permit Issued:
**DAvid DiPietro	221 Virginia St. Ptld	I, ME 04103	797-9531	
Past Use:	Proposed Use:	COST OF WO		
		\$ 8,000	\$ 72.00	,
l Family	Same	FIRE DEPT.	Approved INSPECTION:	
			Denied Use Group 3 Type:	5/2
		Signature:	BOC 9 96 Signature: Holla	Zone: CBL: 435-A-045
Proposed Project Description:			ACTIVITIES DISTRICT (P.A.D.	Zoning Approval:
Remove lower part of porch an	Action:	Approved	Special Zone or Reviews:	
Remove fower part of porter an			Approved with Conditions:	
			Denied	U U Wetland
				□ Flood Zone
		Signature:	Date:	□Subdivision tropin -
Permit Taken By: UB	Date Applied For:	-17-99		□ Site Plan maj □prinjor □mm □
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
 Building permits do not include plumbing, septic or electrical work. 				☐ Miscellaneous
 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 ****Send To: David DiPietro 				□ Interpretation □ Approved
221 Virginia ST.				
Portland, ME 04103				Historic Preservation
				Not in District or Landmark
				Does Not Require Review
			PERMIT ISSUED	Action:
WITH REQUIREMENTS				
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,				
	ation is issued, I certify that the code official			
	hable hour to enforce the provisions of the c	-	5	Date:
areas covered by such permit at any reason	nucle neur le enteree me provisions et me e		, permit	
SIGNATURE OF APPLICANT	ADDRESS:	<u>9-17-99</u> DATE:	DUONE	/
SIGNALUKE OF APPLICANT	ADDKE55:	DATE:	PHONE:	
DEADANGINE F DEP CON IN CHARGE OF				
RESPONSIBLE PERSON IN CHARGE O	F WORK, IIILE		PHONE:	CEO DISTRICT 2
w	hite–Permit Desk Green–Assessor's C	anary–D.P.W. Pink–F	Public File Ivory Card-Inspector	ub