

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

Location of Construction: **1244 Washington Ave. 04103		Owner: Barbara J. Candelmo		Phone: 797-3808		Permit No: 000221	
Owner Address: SAA		Lessee/Buyer's Name: SAA		Phone: SAA		BusinessName: SAA	
Contractor Name: Michael Hutchins		Address: 43 Culde Sac Road, Farmington ME		Phone: Not Given		Permit Issued: 22	
Past Use: Single Family w/daycare		Proposed Use: Same		COST OF WORK: \$ 300.00		PERMIT FEE: \$ 30.00	
Proposed Project Description: <i>home occ,</i> Replace window with door and replace window with larger window.		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>R3</i> Type: <i>53</i> <i>MOCA 9/1</i>	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: <i>[Signature]</i>	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Date:	
Permit Taken By: UB		Date Applied For: 3-21-00		Zone: <i>R-3</i> CBL: 437-B-079		Zoning Approval: <i>[Signature]</i> 3/22/00	

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..

**Please Send to: Barbara J. Candelmo
1244 Washington Ave.
Portland, ME 04103

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

3-21-00

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT 2
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