

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

Location of Construction: 6 Sara Ln		Owner: Treadwell, Sheryl		Phone:		Permit No: 971081	
Owner Address: SAA Ptd, ME 04103		Lessee/Buyer's Name:		Phone: 797-7795		Business Name:	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED OCT - 9 1997 CITY OF PORTLAND </div>	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 3,000.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature:		PERMIT FEE: \$ 35.00 INSPECTION: Use Group: A-3 Type: 5B BOCA 96 Signature: <i>Huffer</i>	
Proposed Project Description: Int Reno/Convert Garage To Study				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____			
Permit Taken By: Mary Gresik		Date Applied For: 26 September 1997				Zoning Approval: <i>OK with conditions</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>WS 10/7/97</i> <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Flood Zone <i>MAP # 7</i> <input type="checkbox"/> Subdivision <i>Zone 1E</i> <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
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.. Separate permit in the works for Appeal/Change of Use/Daycare Max 12 !!!				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
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 <i>Sheryl Treadwell</i> SIGNATURE OF APPLICANT Sheryl Treadwell ADDRESS: _____ DATE: 26 September 1997 PHONE: _____				Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input checked="" type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>9/29/97</i> <i>MA</i>			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:			

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

CEO DISTRICT

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K. Carra