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: Daniel & Laurie Hibbs 797-2805 66 Samuel Road 991138 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 66 Samuel Road Permit Issued: Phone: Contractor Name: Address: **J & T Construction 31 Beech Ridge Road Scarborough, ME 883-8361 **DOT 1 8 1999** COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 93,500.00 588.00 INSPECTION: 4 **FIRE DEPT.** □ Approved 1-Family Same Use Group 13-3 Type:503 ☐ Denied CBL: BOCA 96 437-C-009 Signature: Signature: /-Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.M.D.) Addition of 24'x26' garage with 2nd floor room and Action: Approved 23' x 12' family room/entry way. Approved with Conditions: ☐ Shoreland N Denied □ Wetland Prod Zone □ Subdivision Signature: Date: ☐ Site Plan mai. ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 9-3-99 SP 3TWO DZJ This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use 4 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... ** Send To: J & T Construction □ Denied ✓ 31 Beech Ridge Road Historic Preservation Scarborough, ME 04074 Not in District or Landmark PERMIT ISSUED □ Does Not Require Review WITH REQUIREMENTS ☐ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 9-3-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ub

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