

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

Location of Construction: 330 Capisic St.		Owner: Barbara A. Lawrence		Phone: 871-0439	Permit No: 960453
Owner Address: 330 Capisic St. - 04102		Leasee/Buyer's Name		Phone:	BusinessName:
Contractor Name: 1- family dwelling		Address: 1-fam dwelling with home occup.		Phone:	
Past Use:		Proposed Use:		COST OF WORK: \$	
				PERMIT FEE: \$ 25	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group Type:	
Proposed Project Description: Change of use - to allow home occupation <i>crafts Therapy</i>		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions. <input type="checkbox"/> Denied	
Permit Taken By: retyped		Date Applied For: originally 4/3/96 - see attached original			

PERMIT ISSUED
MAY 29 1996
CITY OF PORTLAND

Zone: R-3 CBL:

Zoning Approval:
ok with conditions

Special Zone or Reviews:

Shoreland *strip*

Wetland

Flood Zone

Subdivision

Site Plan major minor mm

Zoning Appeal:

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action: *See previous approval attached*

Approved

Approved with Conditions

Denied

Date: _____

PERMIT ISSUED WITH LETTER

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 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: *Logged 5-22-96* 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

CEO DISTRICT **4**
K. Carroll