Owner: Phone: Location of Construction: Permit No: A CLAST FOR CASE WAR A CASE REPORTS 980352 and the second second second Lessee/Buyer's Name: **Owner** Address: Phone: BusinessName: All and the substitution 11 2 1335 PermeRMH Contractor Name: Address: Phone: COST OF WORK: Past Use: PERMIT FEE: Proposed Use: 1 3 199A 17 Jan 19 19 19 19 \$ \$ 65.00 INSPECTION: **FIRE DEPT.** \Box Approved 1.00 Use Group: 3 JType: 512 □ Denied Zone: CBL: BOCA 96 - 1200 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland ション おかり起こう かいかい 読むない かいうきょう しょうやう Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: 1 4 1 X 2 4 4 4 NG ALTIN Febr Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. Denied Historic Preservation D Not in District or Landmark Does Not Require Review □ Requires Review Action: 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 □ Approved with Conditions Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Bar Agenti Star SIGNATURE OF APPLICANT SALES ADDRESS: PHONE: DATE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT**

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

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

COMMENTS Aspected wells on Bid floor addig feathroom, Met with plumber Ciazzo, ded Rough in also. or Rettil all 49 CBL# 012.B.008 permit# 980352 **Inspection Record** Туре Date Foundation: _____ Framing: _____ Plumbing: _____ Final: _____ Other: _____