City of Portland, Maine – Buildi		tion 309 Congress		
Location of Construction:	Owner:	T race	Phone:	Permit No: 980256
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address: 115 South Trespo	Phor	e: 065-4417	Pelmit Issued: MAR 2 3 1998
Past Use:	Proposed Use:	COST OF WOR		FEE:
En Ale	tran whatems		<i>,</i> ₩.	Zone: CBL:
Proposed Project Description:		Signature: PEDESTRIAN	Signature: ACTIVITIES DISTRIC	Zoning Approval:
mi sulli sullivator o copula	ersink ing gasager	Action:	Approved With Condition Denied	Special Zone or Reviews: Shoreland Wetland Flood Zone
Permit Taken By: Starty France	Date Applied For:	Signature:	Date:	Subdivision ☐ Subdivision ☐ Site Plan maj ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
 This permit application does not preclude the Building permits do not include plumbing, Building permits are void if work is not startion may invalidate a building permit and starting permit and start	septic or electrical work. ted within six (6) months of the date of stop all work	of issuance. False informa-		Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
I hereby certify that I am the owner of record of authorized by the owner to make this applicatio if a permit for work described in the application areas covered by such permit at any reasonable SIGNATURE OF APPLICANT	n as his authorized agent and I agree is issued, I certify that the code offici	ted work is authorized by to conform to all applicabial's authorized representa code(s) applicable to sucl	le laws of this jurisdiction tive shall have the author	on. In addition, Denied
		DATE:	PHUNE:	
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE		PHONE:	CEO DISTRICT
White-	Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P		

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		in OK
6-18-98 Checked framy 10 9/19/16 Closed Cir	oof rafters, plimbing rough-	an of
9/19/06 Classed & 2		
	Inspection Record Type	Date
	Foundation:	
	Framing: Plumbing:	
	Final:	

Other: _____