

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

Location of Construction: 94 Washington Ave		Owner: The Root Cellar	Phone:	Permit No: 970004
Owner Address: SAA Ptd, ME 04101		Lessee/Buyer's Name:	Phone:	Business Name:
Contractor Name:		Address:		Phone:
Past Use: Office/Clinic	Proposed Use: Same	COST OF WORK: \$ 1,400.00	PERMIT FEE: \$ 25.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued JAN 3 1997 CITY OF PORTLAND Zone: B-2 CBL: 012-0-009 </div>
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	
Proposed Project Description: Make Interior Renovations		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.)		
Permit Taken By: Mary Gresik		Date Applied For: 30 December 1996		

1. This permit application doesn't 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..

Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj 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:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

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

30 December 1996

SIGNATURE OF APPLICANT **Dale Carlson** ADDRESS: _____ DATE: _____ 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 1

COMMENTS

3/6/97 Offices nearly completed
Recommended smoke detectors on
each floor & 1 more fire extinguisher
on basement level.
M. King

CBL# 012-0-009

permit # 970004

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____