

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

Location of Construction: 44 Washington Ave		Owner: Carpenter, Nu		Phone:	
Owner Address: SAA Ptld, ME 04101		Lessee/Buyer's Name:		Phone: 773-9734	
Contractor Name:		Address:		Phone:	
Past Use: Restaurant		Proposed Use: Same		COST OF WORK: \$ Under 1,000.00	
				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: Install Ansel System (Hood)				Signature: <i>[Signature]</i>	
				Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 19 September 1997			

Permit No **971022**

PERMIT ISSUED

Permit Issued:
SEP 23 1997

CITY OF PORTLAND

Zone: **B-2** CBL: 013-E-012

Zoning Approval: *[Signature]* 9/22/97
Special Zone or Review:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

1. This permit application does not 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..

call for plu 773-9734

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 is 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

Nu J. Crayton 19 September 1997
SIGNATURE OF APPLICANT Nu Carpenter ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT

1

m.w.

COMMENTS

10/2/97 Checked Hood & WIP met at site with
owner. *Finishing*

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

**Additional Plans or Technical
Submissions may not be shown in this
format.**

**If you wish to see additional information,
Please ask the support staff.**