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

Location of Construction:	Owner:	Owner:			Permit No: 0 8 1 0 0 1
ed later en bl	Autor stage See				901
Owner Address:	Lessee/Buyer's Name:	Phone:	Phone: BusinessName:		PERMIT ISSUED
Contractor Name:	Address: Phone:			Permit Issued:	
were Four Der Maylie Augle Bona	and the Horas Horas	355 ( 36.)			SEP - 4 1998
Past Use:	Proposed Use:		COST OF WORK:		JEF 4 1990
		\$ 7,5002.0	وكار	\$ 261-5634	
	Survey	<b>FIRE DEPT.</b>		<b>INSPECTION:</b> Use Group: Type: 🦉	CITY OF PORTLAND
i					
		C.		a and i	Zone: CBL:
Proposed Project Description:		Signature:		Signature:	Zoning Approval:
Troposou - office - compromi		Action:	Approved	•	
denserver hadition (6 a 16)	Action: Approved Approved with Conditions:			_ Special Zolle of Reviews:	
		Denied			
			2		
		Signature:		Date:	□ Subdivision
Permit Taken By:	Date Applied For:				□ Site Plan maj □minor □mm □
		17 August 1998			Zoning Appeal
1. This permit application does not preclude the	Applicant(s) from meeting applicable	State and Federal rules			
					□ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.					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 sto	p all work				
					Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS					Not in District or Landmark Does Not Require Review
			WITH REQ	UIREMENTO	
<b>*</b>					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					
authorized by the owner to make this application		•			
if a permit for work described in the application is	issued, I certify that the code official	's authorized representa	tive shall hav	ve the authority to enter a	
areas covered by such permit at any reasonable he	our to enforce the provisions of the co	ode(s) applicable to such	h permit		Date:
二〇二代は天母六王、孟騫分5					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
<b>RESPONSIBLE PERSON IN CHARGE OF WOR</b>				PHONE:	
KESI UNSIDLE I EKSUN IN CHARGE OF WOR			THOME.	CEO DISTRICT	
White-Pe	ermit Desk Green–Assessor's C	anary-D.P.W. Pink-P	ublic File h	vorv Card-Inspector	· L

-Assessor's Canary–D.P.W. PINK-PUDIIC FIIe Caru-inspector IVULY