City of Portland, Maine - Building	g or Use Permit Applicat16n	389 Congre	ess Street,	04101, Tel: (207) §	874-8703, FAX: 874-8716
Location of Construction:  Owner:			Phone:	99033	Permit No: 9 28066
Owner Address:	Lessee/Buyer's Name:	Phone:	Busine	essName:	
Contractor Name:	Address:	Ph	none:		Permanenti ISSUED
Past Use:	Proposed Use:	COST OF WO	ORK:	PERMIT FEE:	APR 1 5 1999
Asset 11		\$		\$	
		FIRE DEPT.	☐ Approved☐ Denied	INSPECTION: Use Group: Type:	CITY OF PORTLAND
		Signature:		Signature:	
Proposed Project Description:			N ACTIVITI	ES DISTRICT (PAD.)	Zoning Approval:
		Action:	Approved Approved		Special Zone or Reviews:
e de la companya de	•		Denied		□ Wetland
		Signature:		Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:	5 - 5 - 6 3			☐ Site Plan maj ☐minor ☐mm ☐
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>					☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
e de la composition de la composition La composition de la composition del composition de la composition de la composition de la compositi					Historic Preservation  ☐ 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 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,					n, Denied
if a permit for work described in the application is areas covered by such permit at any reasonable ho				ave the authority to enter a	Date:
		Carrier 1	•		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	_
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE			PHONE:	CEO DISTRICT
White-Pe	rmit Desk Green–Assessor's Cana	ry-D.P.W. Pink-	-Public File	Ivory Card-Inspector	