City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Fill / The Smith of the ... (m/91-a60-5259) Lessee/Buyer's Name: Phone: Owner Address: BusinessName: Inition with the Corps. Phone: Contractor Name: Address: 731 Sert Na., Marchester, An 1003161 - 340 A 1999 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: \$ 3,0 W. Oak \$ 35.40 Same **FIRE DEPT.** □ Approved INSPECTION: Use Group: ☐ Denied Zone: CBL. BOCA Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) الماردونين والمعروبية Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION □Appoved ☐ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 14, SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT