	013-10-028
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:		Permit No:
<u>173–175 Congress Street</u>	Robert T. Crone	Thome.		Permit NO:
Owner Address:	Lessee/Buyer's Name:	Phone: Busines	ssName:	
PO Box 350, Plymouth, NH 03264				
Coxet XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Address:	Phone:		Permit Issued:
Patrick Tinsman	POBox 15122, Portland, ME			
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	_
	1	\$	\$ 50.00	
		FIRE DEPT.	INSPECTION:	_
			Use Group: Type:	
			Use Gloup. Type.	Zone: CBL:
		Signature:	Signature:	R-6 13-M-28
Proposed Project Description:		PEDESTRIAN ACTIVITI		Zoning Approval:
J J J			· · · · ·	
Miscellaneous Appeal		Action: Approved		Special Zone or Reviews:
milleriuncous mppeur			with Conditions:	□ Shoreland
Functional Divis	ion of Property	Denied		□ Wetland
		Si ana stano		
		Signature:	Date:	│ □ Subdivision │ □ Site Plan maj □minor □mm □
Permit Taken By: Vicki Dover	Date Applied For: 3/10/9	38		
VICKI DOVEL	571075			Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
				□ Miscellaneous
2. Building permits do not include plumbing, s	Conditional Use			
3. Building permits are void if work is not starte	□ Interpretation			
tion may invalidate a building permit and stop all work				
			1	🗆 Denied
			3	
		PPEAL SUSTAINED 3/19	104	Historic Preservation
		2/14	1010	Does Not Require Review
RECEIVED VIA MAIL	A	PPEAL SUSTAINED	+++=	
		,	•	
				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	Denied			
if a permit for work described in the application i	-	-	we 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				Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WOR	RK, TITLE		PHONE:	
White-P	ermit Desk Green–Assessor's Cana	ry–D.P.W. Pink–Public File	Ivory Card–Inspector	1 m-tht well
				/ (