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: James Billingspage 5.74 2 35; 001114 Owner Address: Lessee/Buver's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: Contraction of Mal magete As 275-14-5 SFP 2 9 2000 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$. . 3.113, 14. \$ 4. . 60 医自己感染 医多种毒素 The Life A section **FIRE DEPT.** □ Approved INSPECTION: Use Group #2 Type 5 #3 ☐ Denied CBL: 3:4-4-0:2 Zone: BOCAGE 26 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Special Zone or Reviews: ROMANO CONSTANTA ATEUR & CASS. IN WITH BELLINGS FOR LOSS Approved with Conditions: ☐ Shoreland A Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor☐mm ☐ Date Applied For: Permit Taken By: 2500 Supplember of Deal Co Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ 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 stop all work... □ Denied PERMIT ISSUED WITH REQUIREMENTS 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit ADDRESS: PHONE: SIGNATURE OF APPLICANT

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICTUREMENTS

PHONE: