

**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: _____	
Owner Address: _____	Lessee/Buyer's Name: _____	Phone: _____	Business Name: _____
Contractor Name: _____	Address: _____	Phone: _____	
Past Use: _____	Proposed Use: _____	<b>COST OF WORK:</b> \$ _____	<b>PERMIT FEE:</b> \$ _____
Proposed Project Description: _____		<b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<b>INSPECTION:</b> Use Group: <u>A-3</u> Type: <u>SE</u> <u>BCC 996</u> Signature: <u>[Signature]</u>
		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: <u>Approved</u> <input type="checkbox"/> Signature: _____ Date: _____	
Permit Taken By: _____	Date Applied For: _____		

Permit No: 000665

**PERMIT ISSUED**  
 DEPT. OF BUILDING INSPECTION  
 PERMIT ISSUED  
 JUN 22 2000  
 JUN 1 2000  
 CITY OF PORTLAND  
 RECEIVED

Zone: A-3 CBL: \_\_\_\_\_  
 Zoning Approval: \_\_\_\_\_

**Special Zone or Reviews:**  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

PERMIT ISSUED WITH REQUIREMENTS

**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, 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____	ADDRESS: _____	DATE: _____	PHONE: _____
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____			PHONE: _____

PERMIT ISSUED WITH REQUIREMENTS  
**CEO DISTRICT**

COMMENTS

7/10/2000 Met w/ Contractor in office. AR  
8-1-00 decks inspected - structure and Rail codes good JB

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____