City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: Location of Construction: Owner: Permit No: removerable All to great. The exist of the et Phone: Owner Address: Lessee/Buyer's Name: BusinessName: Sugar 1. 1. Permit Issued: Phone: Contractor Name: Address: 16 1275 33-2325 Same Carlot nct 2 6 1999 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 4.... FIRE DEPT. □ Approved INSPECTION: ್ .ಂತ ೬೪ ಕೆಸ್≇ ೩೩. Use Group 1/3 Type: 55 ☐ Denied CBL: BOCAR Zone: 2.32 46 404 Signature: 74 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved home than the large possibly almost effect with the law on Special Zone or Reviews: Approved with Conditions: ☐ Shoreland MALLS Page Denied П ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 11 - 7, 145 فتية **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 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... Title disease Shid for subjets A. Serskie to mote □ Denied To the how fleene A PRIMARY A DAINE Historic Preservation □ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 19-15-54 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED WITH REQUIREMENTS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT

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