City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 118 Congress St	Owner: Theriault/Landmann	A A S G O C	Phone: 842-6260	Permit No.9 8 1 0 8 8
Owner Address: 59 Baxter Blvd Ptld, ME 04110	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: Theriault/Landmann Assoc	Address: 59 Baxter Blvd Ptld, M	Phone:	842–6260	Permit Issued:
Past Use:	Proposed Use:	\$ 1,000.00	FERMIT FEE: \$ 25.00	SEP 2 5 1998
Vacant/Retail	Office/Professional		Approved INSPECTION: Use Group: B Type: 5 BOC 496 Signature: Holke	016-D-002
Proposed Project Description: Interior Demo		PEDESTRIAN AC	CTIVITIES DISTRICT (P.A.).) Approved Approved with Conditions:	Special Zone or Reviews: Shoreland Sep, Permanus Sep, Per
Permit Taken By:	Date Applied For:	September 1998 Zoning Appeal		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		W	PERMIT ISSUED NITH REQUIREMENTS	Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review
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				n, ☐ Denied ☐
DNAC	1	7 September 199	8	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE ermit Desk Green-Assessor's Cana	ıry–D.P.W. Pink–Pul	PHONE:	CEO DISTRICT