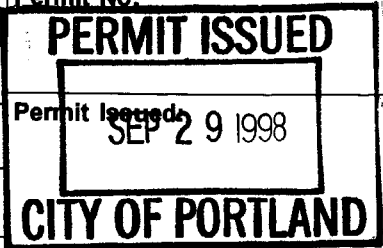


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8719

981119

Location of Construction: 118 Congress St		Owner: Theriault/Landman Assoc.		Phone: 842-6260		Permit No:	
Owner Address: 59 Baxter Blvd Pctd, ME 04101		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: SAA		Address:		Phone:		Permit Issued: SEP 29 1998	
Past Use: Retail/Vacant		Proposed Use: Prof Office		COST OF WORK: \$ 37,000.00		PERMIT FEE: \$ 205.00	
Proposed Project Description: Interior Partitions/Toilets/Fit-Up & New Ext Door Exterior Windows		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 512		Zone: CBL: 016-D-002	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>		Zoning Approval:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____ Date: _____		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SPO		Date Applied For: 24 September 1998		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied			



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

25 September 1998

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

CEO DISTRICT



COMMENTS

10/7/95 Spoke w/ owner. No problems. OK

10/29/98 Framing OK (DC) Rough Plumbing OK - M.W.J.

CBL# 016-D-002

permit# 981119

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