City of Portland, Maine - Buildin	g or Use Permit Applicat	ion 389 Congre	ess Street,	04101, Tel: (207) 87	74-8703, FAX: 874-8716
Location of Construction: Owner:		Phone:			Permit No:
the kingsons do	Livet 1 . 8 1 s. / at 670			議 (JADA) (15)	PERMIT ISSUED
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	ssName:	
Contractor Name:	Address:	Phone:		Permit Isqued2 9 1998	
Past Use:	Proposed Use:	COST OF W	ORK:	PERMIT FEE:	CITY OF PORTLAND
and JUV read	Parent (100	FIRE DEPT.		INSPECTION: Use Group: Type 5/ Signature:	Zone: CBL:
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			Zoning Approval:	
Liverius Partitiona/Tolista/hitally à new Mar dest Estation wandows		Action: Approved Approved with Conditions: Denied		` / / o	☐ Shoreland
Permit Taken By:	Date Applied For:	A September			☐ Site Plan maj ☐minor ☐mm ☐
 This permit application does not preclude the Building permits do not include plumbing, se Building permits are void if work is not started tion may invalidate a building permit and sto 	☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied				
			PERMIT . WITH REQUI	ISSUED REMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
					Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable here.	as his authorized agent and I agree to issued, I certify that the code official	o conform to all applical's authorized represe	able laws of th	nis jurisdiction. In addition,	□ Denied
r3 wepterbor 1990					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	CEO DISTRICT
White-Pe	ermit Desk Green-Assessor's (Canary-D.P.W. Pink	-Public File	ivory Card-Inspector	

COMMENTS						
9/29 Reviou Conditions with	Torry by phone Will					
	TOICET TO BE CLEANOUT DUE					
141 Find OK X						
	Inspection Record Type Date Foundation: Framing: Plumbing: Final:					

Other: _____