City of Portland, Maine - Building	g or Use Permit Applicati	ion 389 Congres	ss Street,	04101, Tel: (207)	874-8703, FAX: 874-8716
Location of Construction: Portland Observatory	Owner: City of Port1		Phone: 874-8300		Permit No: 99055 1
Owner Address: City of Portland, Maine 04101	Lessee/Buyer's Name:	Phone:	Busines	ssName:	PERMIT ISSUED
Contractor Name: Woodward Thomsen	Address: P.O. Box 10359 Portland, ME 04104 Phone: 774-9298			Permit 1ssued: 2 1999	
Past Use:	Proposed Use:	COST OF WO \$ 650,000	RK:	PERMIT FEE: \$ waived	2 1999
Maizine Signal Tower	Same	FIRE DEPT.	Approved Denied	INSPECTION: Use Group: A-3 Type: 5	CITY OF PORTLAND
		Signature: 7	4417	BOCA 96 Signature: Hoffen.	Zone: CBL: 016-G-008
Proposed Project Description:		PEDESTRIAN		ES DISTRICT (P/A.D.)	Zoning Approval: 5/7/40
Restoration of Portland Observat				□ Special Zone of Reviews: [] □ Shoreland □ Wetland □ Flood Zone	
		Signature:		Date:	□Subdivision
Permit Taken By: SP	Date Applied For:	5-24-99			☐ Site Plan maj ☐minor ☐mm ☐
 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. ****CALL FOR PICK UP 774-9298					☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
			PER WITH F	MIT ISSUED REQUIREMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
			44111		Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application 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 sissued, I certify that the code official	o conform to all applica l's authorized represent	ble laws of thative shall ha	his jurisdiction. In additio	n, Denied, As per H.V. Commit
SIGNATURE OF APPLICANT	ADDRESS:	5-25-99 DATE:		PHONE:	- D. Andrus
SIGNATURE OF ALLEICANT	ADDILUG.	Dinie.		THORIE.	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	CEO DISTRICT