## City of Portland, Maine – Building or Use Permit Application 589 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:		Phone:	Permit No:
As over the St.	Lines Venueliai A		876- 229	981033
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone		Per In Issued.
Electric and general to the set		1924 - SP - 5410		
Past Use:	Proposed Use:	COST OF WOR		<b>SEP     1998    </b>
		\$	\$ 35.16	
		FIRE DEPT.ApprovedINSPECTION:DeniedUse Group:Type:		CITY OF PORTLAND
Carthering Cart				
				Zone: CBL: CBL:
Proposed Project Description:	<u> </u>	Signature:		Zoning Approval:
Toposed Troject Description.	· ·		CTIVITIES DISTRICT (P.A.D.)	
			Approved E Approved with Conditions:	Special Lolle Of Neviews.
			proved with Conditions:	
				I □ Wetland □ Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:	<u>L_¥</u>		Site Plan maj 🗆 Site Plan maj
້		13 September 19	3 <b>j</b>	
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False informa-</li> </ol>				Zoning Appeal
				Conditional Use
				☐ Interpretation
tion may invalidate a building permit	and stop all work			☐ Approved ☐ Denied
				Historic Preservation
				_ □ Not in District or Landmark
				Does Not Require Review
				□ Requires Review
				Action:
	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 reason	hable hour to enforce the provisions of the c	ode(s) applicable to such	permit	Date:
		4 Star De COLLER - 1	1. A.	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
<b>RESPONSIBLE PERSON IN CHARGE OF</b>	WORK TITLE		PHONE:	
KESI ONSIDLE I EKSON IN CHARGE OF	WORK, IIIEE			CEO DISTRICT
Wi	hite_Permit Desk Green_Assessor's C	anary_DPW Pink_Pu	blic File Ivory Card-Inspector	