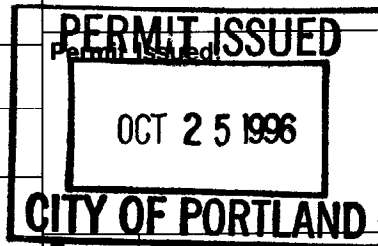


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 58 Fore St		Owner: The Portland Co.		Phone:	Permit No: 961075
Owner Address:	Leasee/Buyer's Name: The Children's Museum of Maine		Phone:	Business Name:	
Contractor Name:	Address:		Phone: John 774-1008		
Past Use: Mix Use	Proposed Use:	COST OF WORK: \$	PERMIT FEE: \$ 25.00		
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Hold Public Event November 2, 1996		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.E.D.)			
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>			
Permit Taken By: Mary Greck		Date Applied For: 21 October 1996			



Zone: **CBL**
018-A-001

Zoning Approval: *[Signature]*

Special Zone or Reviews:

☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal

- ☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

- ☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

- ☒ Approved
☐ Approved with Conditions
☐ Denied

Date: *[Signature]*

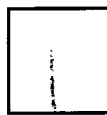
PERMIT ISSUED WITH REQUIREMENTS

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 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

SIGNATURE OF APPLICANT John Belloff	ADDRESS:	DATE: 21 October 1996	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT



961075
18-A-1

Completed

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