City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: Q 58 Fore St XXXXXXXX The Portland Company Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Ptld, ME 04101 USM Hermit Issued: Contractor Name: Address: Phone: OCT - 8 1997 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 25,00 FIRE DEPT. Approved INSPECTION: Mix Use Use Group: Type ☐ Denied CBL: 018-A-001 Signature: Zoning, Approva Proposed Project Description: PEDESTRIAN ACTÍVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: Conduct Event - Art Display ☐ Shoreland Denied □ Wetland Sept 97 - 27 Sept 97 ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Mary Gresik 23 September 1997 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Not in District or Landmark ☑Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 23 September 1997 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

m. Wing