

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

Location of Construction: 5b Fore Street		Owner: Phyllis Squeague		Phone:		Permit No: 980189			
Owner Address:		Lessee/Buyer's Name: Gtr Portland Landmarks/165 State St		Phone:		Business Name: 774-5561			
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAR - 6 1998 CITY OF PORTLAND </div>			
Past Use: Warehouse		Proposed Use: Trade Show		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: Greater Portland Landmarks Trade Show, March 27, 28 & 29th 1998				Signature: [Signature]		Signature: [Signature]			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>					
Permit Taken By: Sherry Pinard				Date Applied For: March 2, 1998					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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 reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
[Signature]		March 2, 1998	774-5561
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Zoning Appeal

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

Historic Preservation

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

Action:

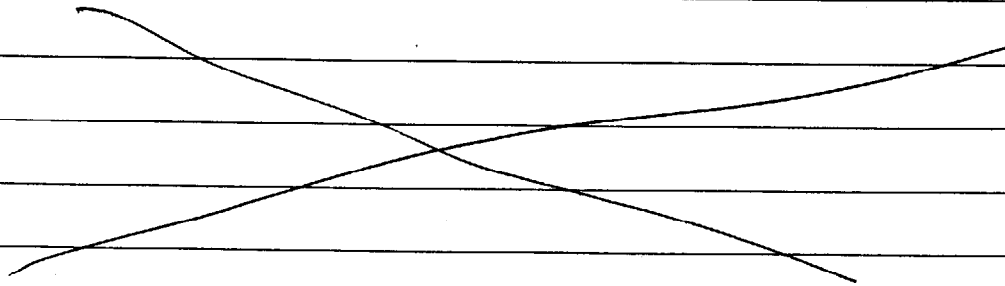
☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

CEO DISTRICT

COMMENTS

4/1/98 Checked exiting, fire extinguishers, & set-up OK
muj



010-A 003

98-0189

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