City of Portland, Maine – Building	g or Use Permit Application	389 Congress Street,	04101, Tel: (207) 87	74-8703, FAX: 874-8716
Location of Construction: 144 Fore St Ptld 04101	Owner: Jackrabbit, LLC	772-7647 Phone	:	Permit No: 990208
Owner Address: 44 Oak 5t Ptld 04101	Lessee/Buyer's Name: SMRT, Inc.	Phone: Busine	essName:	PERMIT ISSUED
Contractor Name: Williams Scotsman	Address: 325 Rodman Rd Auburn ME	Phone: 783-32	200	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$ 16,680	PERMIT FEE:	MAR 1 2 1999
Parking	Office Tfailer	FIRE DEPT. P Approved		CITY OF PORTLAND
		Denied Signature:	Use Group: Type:2C	Zone: CBL: 019 a008
Proposed Project Description:	-	PEDESTRIAN ACTIVITI		Zoning Approval:
Temporary office trailer		Action: Approved		Special Zone or Reviews:
remborary office flatfor	• and the second se	Approved Denied	with Conditions:	Shoreland □ Wetland □ Flood Zone
Demois Tales Dem		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:	h 10, 1999		Site Plan maj timinor mm l
 This permit application does not preclude the A Building permits do not include plumbing, set Building permits are void if work is not started tion may invalidate a building permit and stop 	otic or electrical work. within six (6) months of the date of issuar			☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
P.O. Box 618 Portland ME 04104		PERMIT ISSU WITH REQUIREM	ED ENTS	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
	CERTIFICATION			□Appoved
I hereby certify that I am the owner of record of the authorized by the owner to make this application as if a permit for work described in the application is i areas covered by such permit at any reasonable hou	named property, or that the proposed works his authorized agent and I agree to confossued, I certify that the code official's aut	orm to all applicable laws of t horized representative shall ha applicable to such permit	his jurisdiction. In addition,	□ Approved with Conditions □ Denied Date:
CLONATURE OF A DRIVE		March 10, 1999		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK			PHONE:	CEO DISTRICT
White-Per	mit Desk Green–Assessor's Canary	-D.P.W. Pink-Public File	Ivory Card-Inspector	

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11-15 11 Checrea good - WIII C	all when removed (15)	
12/4/99 Trailor Romos		
16/7/99 Vrailer Domos	voal (DC)	
	 	
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	Inspection Record	Doto
019-A-008	Type Foundation:	Date
	Framing:	
	Plumbing:	
	Final:	
	Other:	