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

Location of Construction:  24 Montfort Street  Owner:  *** Denni			Phone: ** 828-8625	Permit No:	
Owner Address:	Lessee/Buyer's Name:		BusinessName:	001078	
217 Brackett Street Portland Contractor Name:	Address:	Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$ 30.00			
xxx Multi family/business	multi family only	FIRE DEPT. □ Ap □ Der Signature:		Zoner   CBL: -     020-B-001	
Proposed Project Description:  Change of use from multi family with business to just multi family lst floor back to resd.  PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved with Conditions:  Denied  Signature: Date:			Zoning Approval: Sam L  Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone □ Subdivision		
Permit Taken By: GG	Date Applied For:	xx Aug 30 2000		☐ Site Plan maj ☐minor ☐mm ☐	
<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 information may invalidate a building permit and stop all work</li> </ol>				Zoning Appeal  □ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied	
CERTIFICATION  CERTIFICATION  WITH REQUIREMENTS  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				on, □ Denied	
SIGNATURE OF APPLICANT	ADDRESS:	Sept 25 2000 DATE:	PHONE:	PERMIT ISSUED WITH REQUIREMENTS	
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	CEO DISTRICT 1	
White	-Permit Desk GreenAssessor's Can	ary–D.P.W. Pink–Publi	File Ivory Card-Inspector		