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

Location of Construction:	Owner: Attached worth		Phone: 772-533		Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:		991043
Contractor Name:	Address: 1a Dep Do. saudient		Phone:		Permit Issued:
Past Use:	Proposed Use:	<b>COST OF WOI</b> \$25,000,00	<b>RK: PERMIT FEE \$</b> 174.00	:	SEP 2 4 Jase
		FIRE DEPT. □	ApprovedINSPECTIONDeniedUse Group A3		
		Signature:	BOCA46 Signature:	tollare	Zone: CBL: 033-5-333
Proposed Project Description:		PEDESTRIAN	ACTIVITIES DISTRICT (I	P/A/D.)	Zoning Approval:
Relocat	lion of Wall	Action:	Approved Approved with Conditions:		Special Zone or Reviews: □ Shoreland
			Denied		□Wetland
		Signature:	Date:		□ Flood Zone □ Subdivision
Permit Taken By:	Date Applied For:				☐ Site Plan maj ⊡minor ⊡mm □
<u></u>		Sencember 17,1	999		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
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 informa-					□ Conditional Use □ Interpretation
tion may invalidate a building permit and stop all work.					
	***	pe 301-7786			Denied
	No. 97 at the grad				Historic Preservation
					□ Not in District or Landmark □ Does Not Require Review
			PERMIT ISSUED		□Requires Review
			WITH REQUIREMENTS		Action:
			HIIII I WALL AND A		
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					□ Appoved □ Approved with Conditions
authorized by the owner to make this application					
if a permit for work described in the application	n is issued, I certify that the code official	's authorized representa	tive shall have the authority t	· · · ·	Date:
areas covered by such permit at any reasonable	e hour to enforce the provisions of the co	ode(s) applicable to suc	h permit		
		September 17	1345		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:		
		- 1 1 1 2 .			
RESPONSIBLE PERSON IN CHARGE OF WO			DUONE.		
RESPONSIBLE PERSON IN CHARGE OF WO	JNN, HILLE		PHONE:		CEO DISTRICT
White-	-Permit Desk Green–Assessor's Ca	anary–D.P.W. Pink–P	ublic File Ivory Card-Insp	ector	ļ <b>L</b>

## COMMENTS.

10/15/99 Framing good - non-bearing wall - Steel Trusses at ceiling Dlans don't include partitions at kitchen access which hold outlets electric Dane  $() \lambda n - C - c - c$ **Inspection Record** Type Date Foundation: \_\_\_\_\_ Framing: \_\_\_\_\_ Plumbing: \_\_\_\_\_

Final: \_\_\_\_\_\_

Other: \_\_\_\_\_