City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FA Location of Construction: Owner: Phone: Permit No: and the second of the second of the Phone: Owner Address: Lessee/Buver's Name: BusinessName: The state of the s 1.70 - 2.3 P. . . . . . Contractor Name: Address: Phone: ... COST OF WORK: PERMIT FEE: Past Use: Proposed Use: APR 1 5 iaas بهو والأي **FIRE DEPT.** □ Approved INSPECTION:  $\nu$ Use Group: Type: ☐ Denied 1.12 Zone: BOCA 96 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland When I have been a to be the second of the first Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ 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-☐ 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 シス かいまご 計禁す SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 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