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

Location of Construction:	Owner:		Phone:	Permit No: 980303
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Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	I LINITI ISSOLU
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Contractor Name:	Address:	Phone:		Permit Issued: 3 1998
in the second	184 To a literation			
Past Use:	Proposed Use:	COST OF WORK:	S PERMIT FEE:	OTV OF DODTLAND
			2	CITY OF PORTLAND
te i se		FIRE DEPT. DA		
			nied Use Group: Type:	Zone: CBL:
		0	C C C C C C C C C C	Zone: CBL:
Proposed Project Description:		Signature:	Signature: TIVITIES DISTRICT (P.A.D.)	Zoning Approval:
			a set and set	
		-	pproved	opecial Zone of Reviews,
				□ □ Shoreland
Demed			enied	□ Wetland □ Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:		Date.	☐ Site Plan maj ⊡minor ⊡mm □
remit laken by.	Date Applied Por.	8 ·		
				Zoning Appeal
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.				☐ Miscellaneous ☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work.				
tion may invaluate a bunding permit and stop an work				Denied Denied
WITH REQUIREMENTS				Historic Preservation
				□ Not in District or Landmark □ Does Not Require Review
				□ Requires Review
sinc N/S				Action:
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				Date:
areas covered by such permit at any reasonable no	but to entorce the provisions of the c	ouc(s) applicable to such pe		
		DATE:		_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				r
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				