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

Location of Construction: 247 Congress Street	Owner: H.H. Sawyer Realty		Phone: 772-6579	Permit Noy 90162
Owner Address: P.O. Box 7225 Portland, ME 04112	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name: ** Tim Nagle	Address: P.O. Box 7981 Portland, ME 04112-7981 207-774-3049			Permit Issued SSUED
Past Use:	Proposed Use:	COST OF WOF \$ 200.00	\$ 25.00	MAR - 2 1999
Vacant (prior use retai	1) Retail		Approved DeniedINSPECTION: Use GroupUse GroupType: ØCC 496 Signature:	Zone: CBL: 021-F-009
Proposed Project Description:			ACTIVITIES DISTRICT (A.D.)	
Temp. partition wall dividing rooms, upgrade existing walls.	Action: Approved Approved with Conditions: Denied		□ □ Shoreland □ □ Wetland □ □ Flood Zone	
Permit Taken By: SP	Date Applied For:	Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By: SP	Feb	. 22, 1999		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation Provide the preservation of the preservatio
				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				on, Denied
		2-22-99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE		PHONE:	
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector				