City of Portland, Maine - Building or Use Permit A: Vication 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: 9 8 0 7 4 3 1. 16 25 110111300 Lessee/Buyer's Name: Phone: Owner Address: BusinessName: Phone: Contractor Name: Address: 12 G 04101 271 4432 Section 1 225021 in the man or of the JUI - 9 1998 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: 35.00 FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: CBL: Signature: Ai Mr / Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland 15 211 - 25 3625 1998 ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 5.7 ch sul, 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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 5 Jan 1940 SIGNATURE OF APPLICANT ADDRESS: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Fink-Public File Ivory Card-Inspector

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE