

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

Location of Construction: ***275 Marginal Way****		Owner: Linda Cardente		Phone:		Permit No: <b>000059</b>	
Owner Address:		Lessee/Buyer's Name: *** Planet Fitness David Laird ***		Phone: 781-953-4804		BusinessName:	
Contractor Name:		Address: (828-9900)		Phone:		Permit Issued: FEB 21	
Past Use: Vacant		Proposed Use: Temp sale/fitness center		COST OF WORK: \$		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>AB</i> Type: <i>20</i> <i>BOCA 96</i>	
Proposed Project Description: Change of Use vacant to temp sales and fitness center <i>for memberships</i>				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: UB		Date Applied For: Jan 21 2000 K		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: <i>ILB</i> CBL: <i>023-A-003</i>	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK with conditions</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>MA 2/1/2000</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input checked="" type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> <i>site plan exemption</i>	

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.
3. 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..

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: Jan 21 2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

**PERMIT ISSUED WITH REQUIREMENTS**

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

Action:  
 Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

**PERMIT ISSUED WITH REQUIREMENTS**