City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: 9 7 0 8 5 Phone: GOA CLIVETON GO GET I A SHIP OF LAND WE SEE SHIP! Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Mare Ame Ports Contractor Name: Address: Phone: 163 and other So. Parrised, be المناولا فعجازا المواودا 739-146 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: -4.30 **FIRE DEPT.** □ Approved INSPECTION: Se + 322 Same ☐ Denied Use Group: Type: CBL: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □ Wetland Strik Dingsarge ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Tast / with the . \$ 345e 1997 **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 3. ☐ 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 15 June 1997 SIGNATURE OF APPLICANT Date Flaguery of ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT