City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: 5 Sometset St 1. Perr Tron & Metal 941275 Leasee/Buyer's Name: Owner Address: Phone: BusinessName: Phone: Contractor Name: Address: 04100 broking Construction 24 stshop Ave Se. Partland, Ma 799-361 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: JV 2 9 1994 \$ 20.00 Juck Third FIRE DEPT. ☐ Approved INSPECTION: S. . .. ☐ Denied Use Group: Type: Will Trucks Zone: CBL-Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied Printer a Mideratound Lond □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 6 50V 95 ar blist **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use 3. 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... ☐ Deniéd 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 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 37 THE 94 SIGNATURE OF APPLICANT training I have been ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector