City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 25-39 Somerset Street Finkleman H. Inc. 772-8329 Owner Address: Phone: BusinessName: Lessee/Buyer's Name: SAA New England Metal Recycling Permit Issued: Contractor Name: Phone: Address: Owner COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 300.00 25.00 Commercial Same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: **Zone:** CBL: 025-B-002 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews Erect Sign Approved with Conditions: □ Shoreland Alex m Denied ☐ Flood Zone ∂ Signature: Date: □ Subdivision ☐ Site Plan ma Permit Taken By: Date Applied For: ub 11-3-98 Zoning Appéa □ 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 ERMIT WHINDRAWN I NEVER ISSUED Mike Zaitlin P.O. Box 752 Historic Preservation District or Landmark Portland, ME 04104 ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION □ Appoved 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 ☐ Approved with Conditions □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 11-4-98 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

CEO DISTRICT