## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 161 Marginal Way Owner: Southern Maine Properties Phone: 772-6404 Permit No. 9 0 152 7

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Location of Construction: 161 Marginal Way	Owner: Southern Maine Pr	coperties	Phone: 772-	-6404	Permit No. 9 9 0 5 2 7
Owner Address: 5 Milk St. Portland, ME 0410	Lessee/Buyer's Name:	Phone:	Business	Name:	PERMIT ISSUED
Contractor Name: Portland Diversified Thompson's Portland Dive	Address: int Portland, ME 04102	Phone:	828-	-0920	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$ 25,000		<b>PERMIT FEE:</b> \$ 145.00	MAY 2 4 1999
Abandoned	Unknown	FIRE DEPT.   Ap  Der	nied	INSPECTION: Use Group: Type: BOCA96	Zone:/ CBL: 025-B-004
Proposed Project Description:		Signature: PEDESTRIAN ACT		Signature: A. D.)	Zoning Approval:
Demolition of 4 story commercia	Action: Approved Approved with Conditions: Denied			Shoreland Wetland	
Permit Taken By:	Date Applied For:	Signature:		Date:	☐ Subdivision ☐ ☐ Site Plan maj ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
SP	Date Applied For.	5/20/99			Zoning Appeal
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol> ★ Call for Pick Up 828-0920					☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
	70 0	-		SSUED REMENTS	Historic Preservation  □ Not in District or Landmark □ Does Not Require Review □ Requires Review  Action:
I hereby certify that I am the owner of record of th authorized by the owner to make this application if a permit for work described in the application is areas covered by such permit at any reasonable h	as his authorized agent and I agree to s issued, I certify that the code official	conform to all applicable la 's authorized representative	aws of this shall have	jurisdiction. In addition,	□ Denied
5-21-99					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	·
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE		]	PHONE:	CEO DISTRICT
White-Po	ermit Desk Green-Assessor's Ca	anary–D.P.W. Pink–Publi	ic File Iv	ory Card-Inspector	