City of Portland, Maine – Buil	ding or Use	Perinii Applica	THOM 389 CON			874-8703, FAX: 874-8716
Location of Construction:		Owner:		Phone	277-0414	Permit No: 9 9 0 5 2 8
Owner Address:	Lessee/Bu	e/Buyer's Name:		Busine	essName:	Table 188999 L
Contractor Name:	Address:	modis Point Pen	retand paid.	Phone:		Permit Issued:
Past Use:	Proposed 1	Use:	COST OF		PERMIT FEE: \$ 145.00	MAY 2 4 1999
Abando sad Sibo	÷.	rk o ciur	FIRE DEPT. □ Approved □ Denied Signature:		INSPECTION: Use Group: Type: Signature:	CITY OF PORTLAND
(Commercial)						Zone: (CBL: (0.5-8-004
Proposed Project Description:			PEDESTR	IAN ACTIVITI	Zoning Approval:	
Demolism 4 story Commer	Action:	Approved Approved Denied	□ Special Zone or Reviews: □ Shoreland : □ Wetland : □ Flood Zone			
Permit Taken By:		Date Applied For:	Signature:		Date:	☐ Subdivision☐ Site Plan maj ☐minor ☐mm ☐
5-24-99						Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 						☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
をおめる場合を のはもよので、おっておりま のであっております。 のはもようでは、なっておっております。 のはまします。 PERMIT ISSUED WITH REQUIREMENTS						Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review
						Action:
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						_{on,} □ Denied
<u></u>	5-11-99					
SIGNATURE OF APPLICANT		ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF V	WORK TITLE				PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector						CEO DISTRICT