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 Portland Owner: Southern Maine Properties Phone: 772-6404					Permit No:99 064 1
vner Address: Milk Street Portland Lessee/Buyer's Name:		Phone: Busines		Name:	1 7 004 1
	Address: P.O. Box	Phone:		Permit Issued:	
Past Use:	Proposed Use: COST OF W \$ 2,601,0			PERMIT FEE: \$ 13,030 Check	JUN 2 1 1 2 2
Vacant	4 story office bldg.	FIRE DEPT. ☐ Approved ☐ Denied ☐ INSPECTION: Use Group: Type:			
Proposed Project Description: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved with Conditions: Denied				Zone: 025-B-004 Zoning Approval: 07/9 Special Zone or Reviews: 9 Shoreland W. M. Market	
		Signature:		Date:	☐ Flood Zone ☐ Subdivision
nit Taken By: UB Date Applied For: 6-1			-16-99		Site Plan maj Kominor □mm □ 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 ******* Call Robert Vanlyling 772-2888 for Pick Up PERMIT ISSUED WITH REQUIREMENTS					□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied 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 the rauthorized by the owner to make this application as if a permit for work described in the application is is areas covered by such permit at any reasonable hou	his authorized agent and I agree to corssued, I certify that the code official's a	form to all applicable uthorized representative	laws of this	s jurisdiction. In addition,	☐ Approved ☐ Approved with Conditions ☐ Denied Date:
June 16, 1999					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	<u> </u>	<u></u> -	PHONE:	CEO DISTRICT	