

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 111 Congress Street		Owner: Maine State House		Phone: 207-874-8703		Permit No: 991122 PERMIT ISSUED Permit Issued: OCT 14 1999 CITY OF PORTLAND
Owner Address: 5 Milk Street		Lessee/Buyer's Name: Maine State House		Phone: 207-874-8703		
Contractor Name: Maine State House		Address: Maine State House		Phone: 207-874-8703		
Past Use: Maine State House		Proposed Use: Group		COST OF WORK: \$ 0 PERMIT FEE: \$ 30.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Use Group: Type: Signature: <i>BOCA 96</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Maine State House - Computer Room. (Change to be taken care of by the contractor and the contractor is responsible for the work.)				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning: _____ CBL: _____ Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Permit Taken By: Maine State House		Date Applied For: 10-13-99				

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

*** Please Call 874-8703 for Pick Up
 711-3700 x14

**PERMIT ISSUED
 WITH REQUIREMENTS**

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:	

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

CEO DISTRICT

