

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

Location of Construction: 135 Marginal Way		Owner: Five Liver Co.		Phone:		Permit No: 971086 PERMIT ISSUED Permit Issued: OCT - 9 1997 CITY OF PORTLAND			
Owner Address:		Lessee/Buyer's Name:		Phone:			BusinessName:		
Contractor Name: Portland Pump		Address: P.O. Box 1180 Scarborough, ME		Phone: 04074 883-4317					
Past Use: Comm		Proposed Use: Same w/o tanks		COST OF WORK: \$ FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>			PERMIT FEE: \$ 50.00 INSPECTION: Use Group: Type: <i>Co</i> Signature: <i>[Signature]</i>		
Proposed Project Description: Remove five (5) underground tanks				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____				Zone: CBL: 025-B-005 Zoning Approval: <i>[Signature]</i> 10/7/97 Special Zone or Reviews: <input type="checkbox"/> <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"/>	
Permit Taken By: Mary Gresik		Date Applied For: 03 October 1997							

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..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: 10/7/97
[Signature]

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] *[Signature]*
 SIGNATURE OF APPLICANT Don Cyr ADDRESS: _____ DATE: 03 October 1997 PHONE: 883-4317

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

GEO DISTRICT 2
A. Rose

COMMENTS

2/3/48 O.K. A.R.

97-1086

025-B-005

	Type	Inspection Record	Date
Foundation:	_____	_____	_____
Framing:	_____	_____	_____
Plumbing:	_____	_____	_____
Final:	_____	_____	_____
Other:	_____	_____	_____