

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

Location of Construction: 201 Oxford St		Owner: Arrow Realty		Phone:	
Owner Address:		Lessee/Buyer's Name: City of Portland/Social Services (1st floor/right)		Phone:	
Contractor Name: City of Portland - Cliff Marchant		Address: 775-7911 X254		Phone:	
Past Use: City Homeless Shelter		Proposed Use: Same		COST OF WORK: \$ 20,000.00	
				PERMIT FEE: \$ 120.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group 5B Type:	
Proposed Project Description: Reconfigure existing lavatory				Signature: <i>[Signature]</i>	
				Signature: <i>[Signature]</i>	
				Signature: _____ Date: _____	
Permit Taken By: Mary Gresik		Date Applied For: 28 January 1998			

Permit No: **980061**

PERMIT ISSUED
Permit Issued:
FEB - 3 1998
CITY OF PORTLAND

Zone: **L-3** CBL: **926-B-010**
Zoning Approval:
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: _____

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 *Cliff Marchant* ADDRESS: *775-7911* DATE: *28 January 1998* PHONE: *775-7911*

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

CEO DISTRICT **2**

COMMENTS

2/10/98

Met w/ Cliff Marchant re: toilet additions. A. Now

5/18/99

OK. completed. A. Now

98-0061

0216-B-010

Inspection Record

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