City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Pe0000970 127 Oxford Street EW Noves & Son 775-5876 Owner Address: Lessee/Buver's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: AUG 3 | 2000 Allied/Cook Construction **** Tisha 772-2888**** COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$1,000,000.00 \$ 6,024.00 FIRE DEPT. Approved warehouse mounting company INSPECTION: same Use Group 5 > Type: 20 ☐ Denied CBL: 026-P-001 Signature: Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC (A.D.) Action: Approved Special Zone for Approved with Conditions: ☐ Shoreland N 30,000 sf addition Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: Permit Taken By: Date Applied For: K Aug 16 2000 K □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation tion may invalidate a building permit and stop all work.. □ Approved □ Denied Historic Preservation Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 Date: 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