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

Location of Construction:  25 Preble Street  Owner: Portland Public Ma		c Market	Phone: 228-2000		Permit No: (1307
Owner Address:	Lessee/Buyer's Name: Comminsary	Phone:	Busines	sName:	(() () 1 0 0 1
Contractor Name:  *** The Signary *** 879-7700	Address:	Ph	one:		Permit Issued:
Past Use:	Proposed Use:	COST OF WO	ORK:	PERMIT FEE: \$ 31,95	<del>-</del> 5
Market	same	FIRE DEPT.	☐ Approved☐ Denied	INSPECTION: 51 9729 e Use Group: Type:	
		Signature:		BOCAGAI Signature: Holses.	Zone: CBL: 027-A-001
Proposed Project Description:				CS DISTRICT (A.A.D.)	Zoning Approval
Signage		Action: Signature:	Approved v Approved v Denied	with Conditions:	Special Zone or Reviews:  ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision
Permit Taken By: GG	Date Applied For: No	vember 3 2000			☐ Site Plan maj ☐minor ☐mm ☐
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>					□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
			prossit	ISSUED	Historic Preservation  ☑ Not in District or Landmark ☑ Does Not Require Review ☐ Requires Review
			PERMIT WITH REAL	ISSUED JIREMENTS	Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable I	as his authorized agent and I agree is issued, I certify that the code office	osed work is authorized be to conform to all applic cial's authorized represer	y the owner of able laws of th ntative shall ha	record and that I have been is jurisdiction. In addition,	□ Approved □ Approved with Conditions □ Denied □ Date: 1/9/6
Nov 6 2000 K					I pa wala
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	-	PHONE: PERMIT	
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE			PHONE: WITH REQU	REMENTS 1 CEO DISTRICT
White_E	Permit Desk Green_Assessor's	Canary_D PW Pink	-Public File	lyony Card_Inspector	