

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

Location of Construction: 465 Congress Street		Owner: October Corp.	Phone: 871-1290	Permit No: <b>981151</b>
Owner Address: Boulos Prop. Mngt 1 Canal Plaza	Lessee/Buyer's Name: n/a	Phone:	Business Name:	
Contractor Name: Boulos Property Mngt	Address: 1 Canal Plaza, PTLD	Phone: 871-1290	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>  <b>OCT 9 1998</b>  <b>CITY OF PORTLAND</b>  <i>10/07/98</i> </div>	
Past Use: Office	Proposed Use: Office	<b>COST OF WORK:</b> \$ 46,000 <b>FIRE DEPT.</b> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>UB</i>		
Proposed Project Description: Renovations to existing space 8 & 10 Legg Mason (Tenant)		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____	Zoning Approval: <i>OK 10/7/98</i> <b>Special Zone of Review</b> <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: UB	Date Applied For: <del>10/07/98</del> <i>10/10/98</i>			

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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: *any exterior review would require A septic review*

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**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

10/7/98

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT 1

**PERMIT ISSUED WITH REQUIREMENTS**