## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 465 Congress Street OCtober Corp 871-1290 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 1 Canal Plaza PTLD n/a Address: Phone: Contractor Name: Boulos Prop. MNGT 1 Canal Plaza 871-1209 Proposed Use: COST<sub>7</sub>OF<sub>0</sub>WORK: Past Use: 9 office office FIRE DEPT. Approved INSPECTION: □ Denied Use Group: B Type: 213 BOCA96 Signature: Signature: A Proposed Project Description: Approval: PEDESTRIAN ACTIVITIES DISTRICT (#.A.D.) Action: Approved Bathroom renovations Floors: 3,4,5,6,7,8,10 Approved with Conditions: ☐ Shoreland П Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 196 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review CERTIFICATION □ Appoved ☐ Approved with Conditions 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 □ Denied 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 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**: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE: