City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No Location of Construction: Owner: Phone: 871-1290 455 Congress Street 8th Floor Lessee/Buyer's Name: Owner Address: BusinessName: Cloutier, sallett, Cloutier. Soulos Property Management Contractor Name: Address: Phone: Soulos Property Management DEC | 4 1998 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 40,000 \$225.06 Office Office FIRE DEPT. Approved INSPECTION: Use Group Type: ☐ Denied Zone: CBL: DOCA-965 027-1-015 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Special Zone or Reviews: Tenant Fit -- Up. Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: sp12/9/91 **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 □ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Mail: October Corporation Historic Preservation c/o Doulos Property Management □ Not in District or Landmark One Canal Plaza □ Does Not Require Review Portland, ME 04101 □ 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 □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 12/5/35 DATE: SIGNATURE OF APPLICANT ADDRESS: PHONE:

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE