cocation of Construction: Owner: XXXXX 443 Congress St Clapp, Mary Owner Address: Lessee/Buyer's Name:		-	Phone: Phone: BusinessName:		Permit No: 980683 PERMIT ISSUED
Contractor Name:	Address:	Phon			Permit Issued:
Keeley Cosntruction Co.	P.O. Box 1074 Pt		773-	JAN 2 6 1998	
Past Use:	Proposed Use:	COST OF WOR	K:	PERMIT FEE:	
Office	Same	\$ 200,000	\$ 200,000.00 \$ 1,020.00 FIRE DEPT. □ Approved INSPECTION: □ Denied Use Group: B BOCA96 0		CITY OF PORTLAND
		FIRE DEPT. 🗗			UTT OF TORTERING
					3
					Zone CBL : 027-B-002
Proposed Project Description:			m	Signature: Hoffel.	Zoning Approvate
Proposed Project Description.	PEDESTRIAN A		1 nn - 11 194		
Make Interior Renovations		11		Special Zone or Reviews:	
		11		☐ ☐ Shoreland	
Construct Exterior Stairw		Denied	UWetland		
		Signature:		Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:		·····	Date	□ Site Plan maj ⊡minor □mm.□	
Mary Gresik	30 march 1998			Techived CACL 6/19/90	
					- from Zoning Appeal / / "
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□Variancel→2 b A
2. Building permits do not include plumbing, septic or electrical work.					Conditional Use Chillen
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					Interpretation Stra Plan
tion may invalidate a building permit and stop all work.					Approved excorption
					Denied
Call for P/U 773-8479 WITH REQUIREMENTS					Historic Preservation
					Not in District or Landmark
Let a star a sta					Does Not Require Review
7/3.89/1 (REMAR					Requires Review
	,, = ;		"ENTS		
			v		Action:
CERTIFICATION					

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 Date: 3-5 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: Howard Getchell

30 March 1998 DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:



□ Approved with Conditions

Denied

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