

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

Location of Construction: 441 Congress St		Owner: The METRO Group		Phone: 759-8814	Permit No: 980376
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: AVL Co, 65 Kensington St		Address: Ptld 04103		Phone: 761-7743	
Past Use: vacant		Proposed Use: sm business resource center		COST OF WORK: \$ 9,000	PERMIT FEE: \$
Proposed Project Description: Interior Renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: <i>B</i> Type: <i>2B</i> <i>BOCA 96</i>	
		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (PAD)		Action: Approved <input type="checkbox"/>		Zoning Approval: <i>sep. permits needed</i>	
		Approved with Conditions <input type="checkbox"/>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>for new</i>	
Permit Taken By: Sherry Pinard		Date Applied For: April 14, 1998		CBL: 027-B-004	
		Denied <input type="checkbox"/>		Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

PERMIT ISSUED
APR 16 1998
CITY OF PORTLAND

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *4-15-98*

PERMIT ISSUED WITH REQUIREMENTS

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

[Signature]

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT 2
A Rose