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

Location of Construction:	ion of Construction: Someomore of the construction of Construction: Owner:		Phone:			Permit No:	
Owner Address:	Lessee/Buyer's Name:	Phone: BusinessName:		sName:	DE 1949 10 (21 <u>2</u>	
	Section 1				Permit Issued:	SOULD	
Contractor Name:	Address:	in forthweerd St. J. Ptia Chief.				1999	
Past Use:	Proposed Use:	COST OF WOR	K:	PERMIT FEE: \$ 31,24		1555	
ಗಳ್ಳಿ⊹್ನೆ	शिक्षा र	<u> </u>	FIRE DEPT. Approved		CITY OF PO	RTLAND	
			Denied	Use Group: My Type:			
				(DC+96,10)	Zone: CBL:		
Proposed Project Description:		Signature:	CTIVITIE	Signature: (PVD)	Zoning Approval:		
•	PEDESTRIAN ACTIVITIES DISTRICT (1/A/D.) Action: Approved			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
lastale i setr browen d		Approved with Conditions:			or Reviews:		
			Denied		□ Shoreland □ Wetland		
		Signature:		Date:	☐ Flood Zone ☐ Subdivision		
Permit Taken By:	Date Applied For:	Signature.		Date.	☐ Site Plan maj	□minor □mm □	
					Zoning A	nnoal	
1. This permit application does not preclu	de the Applicant(s) from meeting applicab	le State and Federal rules.			□ Variance	ppear	
 Building permits do not include plumb 	oing, septic or electrical work.				☐ Miscellaneous	_	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-						☐ Conditional Use☐ Interpretation	
tion may invalidate a building permit and stop all work						□Approved	
					□Denied		
					Historic Preservation		
						☐ Not in District or Landmark☐ Does Not Require Review☐ Requires Review	
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 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,						☐ Approved with Conditions	
if a permit for work described in the applica	ation is issued, I certify that the code offici	al's authorized representat	ive shall ha		Date: t		
areas covered by such permit at any reason	able hour to enforce the provisions of the	code(s) applicable to such	permit		Date:	· <u> </u>	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	DATE:				
SIGNATURE OF AFFLICANT	ADDRESS.	DAIL.		PHONE:			
RESPONSIBLE PERSON IN CHARGE OF			PHONE:	CEO DISTRICT	1.57		
White Pormit Dock Groon Assessor's Canany D. D.W. Bink Bublic				hiani Card Inancator	220 2.0		