City of Portland, Maine - Building or Use Permit Application 35 © Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 22 Monument Square 0416 - 122 Honument Sq. LL& 775-1969 991169 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: C/O Alan Mooney/650 Brighton Ave. **Permit Issued:** Contractor Name: Address: Phone: Jeffrey Verrill Contracting Services OCT 2 6 1999 12 baston Rd. N. Yarmouth 04697 COST OF WORK: Past Use: Proposed Use: **PERMIT FEE:** Euslaess \$ 144.00 Saze \$20,000.00 FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: 027-F-003 Signature: Signature: Proposed Project Description: Zoning Approval: -PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Approved Action: Special Zone or Reviews! Interior Repovations 6th Place Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: Permit Taken By: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: October 19,1999 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved □ Denied *** Please Kail To John Berggren **Historic Preservation** 650 Brighton Ave. □ Not in District or Landmark Does Not Require Review Portland, Maine 04102 PERMIT ISSUED WITH REQUIREMENTS □ 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 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, ☐ Denied 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 October 19,1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED WITH REQUIREMENTS RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

COMMENTS	
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11/27/99 Office Oit up	work Complete (D)
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991169 27. F. 3	Inspection Record Type Date
	Foundation: Framing:
	Plumbing:

Final: _____Other: ____