City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No:9 7 0 6 7 0 Location of Construction: Owner: Phone: 121 Center Au - Second of the Owner Address: Lessee/Buver's Name: Phone: BusinessName: About Miles Contractor Name: Phone: Address: Butt strag 15 Builtone od Sc. Portland, Mg 1.4200 799-1153 **COST OF WORK:** JUN 2 6 1997 PERMIT FEE: Past Use: Proposed Use: 39.70 **FIRE DEPT.** □ Approved INSPECTION: Meditations no Sugar ☐ Denied Use Group: Type: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Erer atmape Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: AME . EA .S same lydl 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. 2. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit .5 June 1997 SIGNATURE OF APPLICANT COUNTRY ADDRESS: DATE: PHONE:

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