

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

Location of Construction: 290 Congress St		Owner: Oak Leaf Terrace Co	Phone: 774-3554	Permit No: 961147
Owner Address: 177 High St- PT11 ME 04101		Leasee/Buyer's Name: ATTN: Mark Primeau	Phone:	BusinessName:
Contractor Name:		Address:	Phone:	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED <small>Permit Issued:</small> NOV 20 1996 CITY OF PORTLAND </div>
Past Use: restaurant w sign	Proposed Use: restaurant w changed sign	COST OF WORK: \$ _____ PERMIT FEE: \$ 35.80		
Proposed Project Description: erect new panel: 12'x4.5'		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: _____ Type: _____		
Signature: _____		Signature: _____		Zone: _____ CBL: 028-D-003
Permit Taken By: L Chase		Date Applied For: 11/12/96		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied

- This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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 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 OF APPLICANT: [Signature] ADDRESS: _____ DATE: 11/12/96 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

- Zoning Approval:**
- Special Zone or Reviews:**
- Shoreland
 - Wetland
 - Flood Zone
 - Subdivision
 - Site Plan maj minor mm
- 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

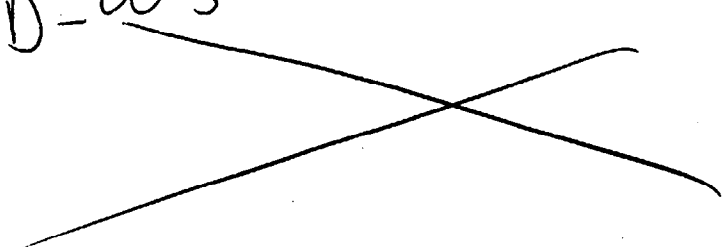
Date: _____

CEO DISTRICT 1

COMMENTS

1-7-97 The panels have
been installed in framework and
is ok as per measurements and
Inspection Record

961147
028-D-003



Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____