

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

Location of Construction: 11 Middle St. 4th Floor		Owner: 11 Middle St. 4th Floor		Phone: (207) 874-1111	
Owner Address: 11 Middle St. 4th Floor		Lessee/Buyer's Name: MERRILL		Phone: BusinessName:	
Contractor Name: MERRILL		Address: 11 Middle St. 4th Floor		Phone: BusinessName:	
Past Use: Office		Proposed Use: Office		COST OF WORK: \$ 10,000	
				PERMIT FEE: \$ 15.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
				Signature: [Signature] Date:	
Proposed Project Description: Demolish 1st floor & 2nd floor		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: [Signature]		Date Applied For: February 13, 1999			

Permit No: **990049**

**PERMIT ISSUED**

Permit Issued:  
**JAN 22 1999**

**CITY OF PORTLAND**

Zone: \_\_\_\_\_ CBL: \_\_\_\_\_

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: \_\_\_\_\_

**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 OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

CEO DISTRICT