City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit Nog 9 round Theor of 19 tor of baserers Phone: 774-1930 Owner: Location of Construction: Howard Golden . Faill Fluile Straet Owner Address: Gruset Lessee/Buyer's Name: Phone: BusinessName: Ryla a kolle Phone: Contractor Name: Address: Ed Condon - Sullivan HF **APR 2 6** 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 28.19 Vacant World. 11 **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: BOCA96 7 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Ourside State Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 52 1-7-99 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. □ Conditional Use □Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□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 6-7-99

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

DATE:

PHONE:

CEO DISTRICT

ADDRESS:

SIGNATURE OF APPLICANT