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

Location of Construction:	Owner:		Phone:	Permit No:
				980415
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Adamaga	Phone:		Perhit SSUED
	Address:		4 1972 - 1922 (1981)	and the second se
Past Use:	Proposed Use:	COST OF WORK	K: PERMIT FEE:	
	1 -	\$ S. Oak	sa	
1)* : .:::	The Lat	FIRE DEPT. ET	Approved INSPECTION:	
			Denied Use Group: Type:	CITY OF PORTLAND
		Signature:	COL	Zone: CBL:
Proposed Project Description:				Zoning Approval:
Toposed Project Description.		CTIVITIES DISTRICT (PAR)		
			Approved U''_U	Special Zone of Reviews:
Approved with Conditions. Denied				
		-		
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:			☐ Site Plan maj ⊡minor ⊡mm ⊡
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. 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 informa- 				□ Conditional Use □ Interpretation
tion may invalidate a building permit and stop all work.				□ Approved
				Denied
				Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				□ Not in District or Landmark
				Does Not Require Review
				□ Requires Review
				Action:
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				
				·
				Date:
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SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TTILE		PHONE:	CEO DISTRICT
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				L]