## 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: 990034 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: PERMIT ISSUED Address: Phone: Contractor Name: **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: JAN | 4 1999 FIRE DEPT. Approved INSPECTION: Use Group: 15 Type: 369 ☐ Denied Zone: CBL: Boca96 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA Action: Approved Special Zone or Reviews: Course of the source is broken statement of the Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation □ Not in District or Landmark PERMIT ISSUED ☐ Does Not Require Review □ Requires Review WITH REQUIREMENTS . . . 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 SIGNATURE OF APPLICANT ADDRESS: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector