

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

Location of Construction: 4 Milk Street		Owner: Pearl St. Associates		Phone: 772-6404		Permit No: 971276	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Bryce Construction Mgmt Ser.		Address: 400 Southborough Dr. So. Portland		Phone: 775-1955		Permit Issued: NOV 25 1997	
Past Use: Retail		Proposed Use: Offices		COST OF WORK: \$ 1200.00		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature:	
Proposed Project Description: Interior Renovations 50' new walls				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature: _____ Date: _____			
Permit Taken By: Sherry Pinard		Date Applied For: November 19, 1997					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

Mail to 5 mill st.

PERMIT ISSUED WITH REQUIREMENTS

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Approved by Intaris White only.

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

Tor Glendinning
SIGNATURE OF APPLICANT

ADDRESS: _____ DATE: **11/19** PHONE: **772-6404**

Tor Glendinning
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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: **11/21/97**

DA

CEO DISTRICT *[Signature]*

MA. ROWE