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

Location of Construction:	Owner:	a facus	Phone:	Permit No: 990376
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address: Phone: Startage		Permit Issued:	
Past Use:	Proposed Use:	COST OF WORL	K: PERMIT FEE:	APR 2 6 1999
Uffice/Reintl	Gare	FIRE DEPT. □	- · ·	1 (21 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Proposed Project Description:		Signature: PEDESTRIAN A	CTIVITIES DISTRICT (P.A.D.	Zoning Approval:
this wooden sign 2 1/2 ft. it \pm 2 1/2 maybing breaket.	ໃ ລິຊະ ໂຊສເອລະຫູດີ ເມ	Action:	Approved Approved with Conditions: Denied Date:	Special Zone or Reviews: Shoreland Wetland Flood Zone Subdivision
Permit Taken By:	Date Applied For:	4-1 -99	<u> </u>	☐ Site Plan maj ☐minor ☐mm ☐
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 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 information may invalidate a building permit and stop all work. 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation □ 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				ion, ☐ Denied
4-13-92				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	TÍTI.E		PHONE:	
	mit Desk Green–Assessor's C	anany_D DW _ Dink Bu		CEO DISTRICT