

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

| | | | | | | |
|---|--|--|--|--|--|---|
| Location of Construction: E. ... | | Owner: ... | | Phone: | | Permit No: 0100- |
| Owner Address: | | Lessee/Buyer's Name: | | Phone: | | |
| Contractor Name: ... | | Address: ... | | Phone: ... | | Permit Issued: JAN 23 1 |
| Past Use: VACANT/COMMERCIAL | | Proposed Use: OFFICE SPACE/COMMERCIAL | | COST OF WORK: \$ | | |
| | | | | FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group ^{1/3} Type: 39 |
| Proposed Project Description: REPLACE STUCCO, SAND FLOORS, PAINT WALLS AMENDMENT TO PERMIT # 001410 | | | | Signature: <i>[Signature]</i> | | Signature: <i>[Signature]</i> |
| Permit Taken By: ... | | Date Applied For: ... | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> | | Zone: E-3 CBL: ... |
| | | | | Signature: _____ Date: _____ | | Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/> |

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..

#1

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

PERMIT ISSUED WITH REQUIREMENTS

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

PERMIT ISSUED WITH REQUIREMENTS
CEO DISTRICT

COMMENTS

29-C-006

See Permit #001419

3/23/05 Cloud

AR

Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____