Suite 401 Owner: Soley Bros. LLC Location of Construction: Phone: 775-2252 Permit No: Q Q () 6 111 Commercial Street 4th Floor 04101 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Monaghan Woodworks JNI **1999** COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 5,500 50.00 \$ FIRE DEPT. Approved **INSPECTION:** Office Same □ Denied Use Group: Type: Свь 029-D-003 Ut Ma 1 Signature: Signature: Proposed Project Description: Zoni b)Approva PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Tenant Fit Up in Suite 401. Special Zone or Reviews Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: June 4, 1999 UB Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. 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** *****CALL FOR PICK UP @ EAST BROWN COW 775-2252 □ Not in District or Landmark Does Not Require Review □ Requires Review PFRMIT ISSUED Action: WITH REOUIREMENTS 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 □ Approved with C 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, Denied 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 June 7, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** UB White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File lyory Card-Inspector

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