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

Location of Construction:	Owner: Start Start Los. DIC		Phone:		Permit No 99060 7
Owner Address:	Lessee/Buyer's Name:	Phone:	Phone: BusinessNar		
-92 s.					PERMIT ISSUED
Contractor Name:	Address:	Phone:			Permit Issued: 1000LD
Past Use:	Proposed Use:	COST OF WORK	<u>۴</u>	PERMIT FEE:	JIN 1 4 1999
un giù e en	្តីកំពង់ដ្ឋាម។		Approved enied	INSPECTION: Use Group: Type: Signature:	CITY OF PORTLAND
Proposed Project Description:				S DISTRICT (P.A.D.)	Zoning Approval:
e table las Suite 4/1. Approved with Conditions: Denied Denied					Special Zone or Reviews: Shoreland Wetland Flood Zone
		Signature:		Date:	
Permit Taken By:	Date Applied For:	P 4, 1994			Site Plan maj 🗆 Site Plan maj
 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
AMARACALLI EURI ELLE VIZI VI RARTI ERVARI UCA ITI-LIS. PERMIT ISSUED					Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
WITH REQUIREMENTS					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					
June 7, 1995					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WORI				PHONE:	
White-Pe	rmit Desk Green-Assessor's Car	ary-D.P.W. Pink-Pub	nic ⊢ile l	vory Card–Inspector	

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