

980434

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

Location of Construction:		Owner:		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use:		Proposed Use:		COST OF WORK:	
				\$	
				PERMIT FEE:	
				\$	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: <input checked="" type="checkbox"/> Type: IA	
				Signature: <i>[Signature]</i>	
				Signature: <i>[Signature]</i>	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved <input type="checkbox"/>			
		Approved with Conditions: <input type="checkbox"/>			
		Denied <input type="checkbox"/>			
		Signature: _____		Date: _____	
Permit Taken By:		Date Applied For:			

Permit No: \_\_\_\_\_

**PERMIT ISSUED**

APR 30 1998

**CITY OF PORTLAND**

Zone: \_\_\_\_\_ CBL: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**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: \_\_\_\_\_

PERMIT ISSUED WITH REQUIREMENTS

**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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

CEO DISTRICT