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:	Permit No:9 81012
100 Middle St Tower A Asso			772-8896	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address: Phone:			Permit Issued:
Alliance Construction	160 Pleasant Hill Rd Scarborough, ME 885-0855		SEP - 9 1998	
Past Use:	Proposed Use:	COST OF WOR		
	-	\$ 26,600.0	0 \$ 155.00	
Office	Same	FIRE DEPT.	Approved INSPECTION:	CITY OF FORTLAND
011100	Same		Denied Use Group: Type:	
		Signature:	Hund Signature:	Zone: CBL: 029-E-006
Proposed Project Description:				Zoning Approval
				\neg $0 / - 3 / 7 / 9 / 7 / 9 / 9 / 9 / 9 / 9 / 9 / 9$
		••	Special Zone or Reviews:	
Infill of structural slab who			□ □ Shoreland	
was removed			Demed	□ □ Wetland □ Flood Zone
3rd & 4th floor	<u>-</u>	Signature:	Date:	
Permit Taken By:	Date Applied For:	Bigliadalet		Site Plan maj Eminor Emm
UB	Dute Applied For.	31 August 1998		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
2. Building permits do not include plumbing, septic or electrical work.				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work.				
				□ Denied
				Historic Preservation
Call Jim Mullen for P/U 885-0855 WITH REQUIREMENTS CERTIFICATION			Dr.	□ Not in District or Landmark
WITCERMIN				Does Not Require Review
		· • • •	RED. SSU	Requires Review
	Action			
			MENTO	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				all a
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				Date:
		02 September	1008	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	—
		3		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
\A/h;+a	Permit Desk Green-Assessor's	Canany_D DW Dink Du	hlic File Ivony Card Inchastor	
Wille-	CHINE DESK GIECH-ASSESSUIS	Sanary-D.i.W. FillK-Fu		HKIU!