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: 25 Pearl St. 2nd Floor 04101 Custom House Limited/Mr.Denney 846-2585 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 28 Woodside Line Freeport 04032 Permit Issued: Phone: Address: Contractor Name: | 725-1452 | COST OF WORK: 234 Church Rd. Brunswick Daigle Construction 3 PERMIT FEE: Past Use: Proposed Use: \$ 30.00 \$ 800.00 Office 0 Same FIRE DEPT. Approved INSPECTION: Use Group & Type: 24 ☐ Denied CBL: 029-E-009 BOCA99 Signature: Signature: Zoning Approva Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D) Approved Action: Special Zorie or Temporary Wall around Stairwell Approved with Conditions: ☐ Shoreland Denied \Box ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: Date Applied For: GD ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: MN April 12,2000 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... □ Denied *** Please Call 725-1452 When Ready** Historic Preservation □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review PERMIT ISSUED DAppowed Rive **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 Conditions 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

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

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CEREBASTRISSUED 1 WITH REQUIREMENTS