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

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Location of Construction:	Owner:		Phone:		Permit No.971348
25 Pearl St.	George Denney				911340
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	Name:	
20 Noodside Lane Presport, Me.					PERMIT ISSUED
Contractor Name:	Address: Phone:			Permit loouodi	
Paul Sheedy	23 Babhadge Rd. Fal.			1 Beeper	
Past Use:	Proposed Use:		COST OF WORK: PERM		DEC 3 1997
	Commercial w/sign	\$		\$ 25.20	
Connercial		FIRE DEPT. Approved INSPECTION: Denied Use Group: T		INSPECTION:	CITY OF PODTLAND
				Use Group: Type:	CITY OF PORTLAND
	2 x 8				Zone: CBL : $9 - E - 9$
		Signature:		Signature:	
Proposed Project Description: PED			EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:
Action: Approved				C	Special Zone or Reviews:
Erect a sign on existing property	Approved with Conditions:				
			Denied	E	
					□ Flood Zone
		Signature:		Date:	
Permit Taken By:	Date Applied For:	. Inc. in .			□Site Plan maj □minor □mm □
Marquis 11 12/22/97					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
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
					D'Not in District or Landmark
					Does Not Require Review
					□Requires Review
					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 l					Date:
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				DUONE	<u>/</u>
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector					

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