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 9 0 26 4
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	5-10:10	
4. Carrest 5" Ptill, as 04101	Essect Buyer's France.	i none.	Dusines	sivanic.	TICCHED 1
Contractor Name: Trans-versite Digne	Address: 9310 Parkway angum. On	Phone asbec 1.13 127		352-3630	Permit Issued ISSUED
Past Use:	Proposed Use:	COST OF WOR	K: PERMIT FEE: \$ 31.80		MAR 2 5 1999
		FIRE DEPT. □	Approved Denied	Use Group: Type:	CITY OF PORTLAND
		Signature:		MICA 96-SU	Zone: CBL: GL9-7-018
Proposed Project Description:			CTIVITIE	Signature: XY S DISTRICT (P.A.D.)	Zoning Approval:
	Action: Approved			Special Zone or Reviews:	
ನಲ್ಲ ನಲ್ಲಿ ಬ್ರೈನ ನ ಾಡಿ ೨೯೭೭೯ ೪ನ ಸರ		Approved v Denied	☐ Shoreland ☐ Wetland ☐ Flood Zone		
		Signature:		Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	10 -1-3 (34)			☐ Site Plan maj ☐minor ☐mm ☐
C # 40					Zoning Appeal
 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
					Historic Preservation □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					☐ Appoved ☐ Approved with Conditions
					☐ Denied
areas covered by such permit at any reasonable ho	our to enforce the provisions of the o	code(s) applicable to such	permit		Date.
ag Oweer 1594					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	CEO DISTRICT
White-Pe	ermit Desk Green-Assessor's (Canary-D.P.W. Pink-Pu	ıblic File I	vory Card-Inspector	