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

Location of Construction: Owner:			Phon		iga meg	Perm Ng 1 18 8
Owner Address:	Lessee/Buyer's Name:	Phone:	Phone: B		sName:	DEDMIT ISSUED
Contractor Name:	Address:		Phone:		1877	Peruni Issued:
Past Use:	Proposed Use:	COST OF WORK: \$ FIRE DEPT. ☐ Appr			PERMIT FEE:	OCT 4 1998
	1 5 57 5 5 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1					CITY OF PORTLAND
		Signature:			BOCA46 Signature:	Zone: CBL:
Proposed Project Description:			IAN AC	TIVITIE	CS DISTRICT (P.A.)	Zoning Approval:
				oproved D		Special Zone or Reviews:
	Approved with Conditions: □ Denied □				☐ Shoreland ☐ Wetland	
		Signature:			Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:					☐ Site Plan maj ☐minor ☐mm ☐
 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 						Zoning Appeal □ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
PERMIT ISSUED WITH REQUIREMENTS						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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit						☐ Appoved ☐ Approved with Conditions ☐ Denied
SIGNATURE OF APPLICANT	ADDRESS:	DATE:			PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE rmit Desk Green–Assessor's Can				PHONE:	CEO DISTRICT