## 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: Soley's Son 100 Commercial Street Suite 406 East Brown Cow 000840 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: UHA New England Permit Issued: Address: Phone: Contractor Name: \*\*\* 650 Main St South Portland 04106 874-2963 \*\*\* Benchmark COST OF WORK: PERMIT FEE: Proposed Use: Past Use: AUG - 2 2000 \$ 36.00 \$2,000 Commercial same FIRE DEPT. Approved INSPECTION: Use Group: 3 Type: 313 ☐ Denied CBL: BOCA 99 030-C-001 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTÍVITIES DISTRICT (A.A.D.) Action: Approved Special Zone or Review interior renovations Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: July 26 2000 K K **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review -PERMIT ISSUED WITH REQUIREMENTS □Appoved CERTIFICATION ☐ Approved with Conditions 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, □ 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: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector