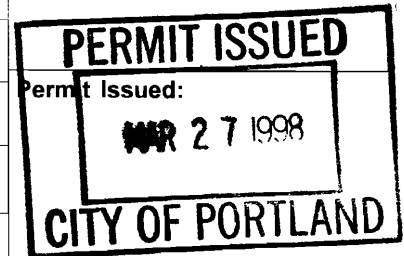


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

980284

Location of Construction: 100 Commercial St		Owner: Phoenix Home Mutual Ins Co.		Phone:	
Owner Address:		Lessee/Buyer's Name: Smith Elliott Smith Garmey		Phone: Suites 304-308	
Contractor Name: Benchmark		Address: X88 650 Main St So Portland, ME 04106		Phone: 874-2963	
Past Use: Office		Proposed Use: Same		COST OF WORK: \$ 21,000.00 PERMIT FEE: \$ 125.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <i>B</i> Type <i>3A</i> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date:	
Proposed Project Description: Make Interior Renovations Suites 304-308 <i>Third floor</i>					
Permit Taken By: Mary Gresik		Date Applied For: 16 March 1998			



Permit No: 980284

Permit Issued: MAR 27 1998

CITY OF PORTLAND

Zone: *B-3* CBL: 030-C-001

Zoning Approval: *OK 3/25/98*

Special Zone or Reviews:

☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal

- ☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

- ☐ Not in District or Landmark
☒ Does Not Require Review
☐ Requires Review

Action: *Int. Work Only*

☐ Approved
☒ Approved with Conditions
☐ Denied

Date: *3-16-98* *[Signature]*

PERMIT ISSUED
WITH REQUIREMENTS

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

16 March 1998

SIGNATURE OF APPLICANT Peter Hendrick ADDRESS: DATE: 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

CEO DISTRICT

2

A. Rone