## 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 Wharf LLC 775-2252 (1st Floor) 100 Commercial Street 991338 BusinessName: Owner Address: Lessee/Buver's Name: Phone: Ptld, ME 111 Commercial St. N/A N/A N/A Permit Issued: Address: Phone: Contractor Name: 111 Commercial St. Pt1d. ME 04101 \*Brad 775-2683 Monaghan Woodworks **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: 2,000 36.00 Office Same FIRE DEPT. Approved INSPECTION: for Howms Travel Use Group: B Type: 3 P ☐ Denied CBL: Zone:--BOCA96 030-C-001 Signature: ina/Approval: **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT (P) Action: Approved Office Fit Up Approved with Conditions: □ Shoreland See □Wetland S / S Flood Zone Signature: \usa □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. 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 3. □Approved tion may invalidate a building permit and stop all work.. ☐ Denied \*\*\*Call Brad for Pick Up 775-2683 **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions ☐ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 12-1-99 DERMIT ISSUED ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT

WITH REQUIREMENTS 1 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ub White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector