

**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: 031-L-035	
Owner Address:		Leasee/Buyer's Name:		Phone:		941269	
Contractor Name:		Address:		Phone:		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  DEC - 6 1994                  CITY OF PORTLAND             </div>	
Past Use:		Proposed Use:		COST OF WORK: \$ _____ FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied			
Proposed Project Description:				PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action:           Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	
Permit Taken By:		Date Applied For:				Zoning Approval:  <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

**PERMIT ISSUED  
WITH LETTER**

**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 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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**CEO DISTRICT**

COMMENTS

Framing - checked - OK.

Neuer - called for C.O. -  
unable to access building X

Closing out permit.

	Type	Inspection Record	Date
Foundation:		_____	_____
Framing:	OK	_____	_____
Plumbing:		_____	_____
Final:		_____	_____
Other:		_____	_____