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

ocation of Construction:  120 Exchange STreet  Owner:  A & M Partners, Inc.			one: 874 <b>-</b> 6959	Permit No:	
Owner Address: 120 Exchange Street	Lessee/Buyer's Name: Critical Insights	Phone: Bu	sinessName: Critical Insights	991245	
Contractor Name:	Address: N/A	Phone:	N/A	Permit Issued:	
Same as Owner Past Use:	Proposed Use:	COST OF WORK: \$ 35,000	PERMIT FEE: \$ 234.00	- 9	
Office	Office ZM A	FIRE DEPT. Appro	Use Group: B Type: 37	Zone: 032-G-001	
Proposed Project Description:	The Fron	1	Signature: FA.D.)	Zoning Approval:	
Interior Renovations  Action: Approved Approved Approved with Conditions: Denied			☐ Shoreland		
		Signature:	Date:	☐ Subdivision	
Permit Taken By: KA	Date Applied For:	11-4-99	☐ Site Plan maj ☐minor ☐mm ☐  Zoning Appeal		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> <li>*** Call for Pick Up Lou Wood 874-6959</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
		PERMIT WITH REQ	TISSUED UIREMENTS	Historic Preservation  Not in District or Landmark  Does Not Require Review Requires Review	
				Action: Any Exterior	
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				, Denied Sep. Revol	
11-4-99					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:		
RESPONSIBLE PERSON IN CHARGE C	DE WODV TITLE		DHONE.	PERMIT ISSUED	
	TOWNER, TITLE	o D DW - Diet Build - 5		WITHER EQUIPMENTS	