

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

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| Location of Construction: | | Owner: | | Phone: | | Permit No: 000127 | |
| Owner Address: | | Lessee/Buyer's Name: | | Phone: | | BusinessName: | |
| Contractor Name: | | Address: | | Phone: | | Permit Issued: FEB 22 | |
| Past Use: | | Proposed Use: | | COST OF WORK: \$ | | PERMIT FEE: \$ | |
| | | | | FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | INSPECTION: Use Group: Type: | |
| Proposed Project Description: | | Signature: | | Signature: | | Signature: | |
| | | | | PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> | | Date: | |
| Permit Taken By: | | Date Applied For: | | | | Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |

1. This permit application does not 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 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

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| Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review | |
| Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied | |
| Date: _____ | |

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

PERMIT ISSUED
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