City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 7 0 3 3 9 Owner: Phone: Location of Construction: 1 1 1 4 5 1 1 9 1 V ANNER GALLIA Owner Address: Lessee/Buyer's Name: Phone: BusinessName: "你有意思看得一定,只有的基本有 16 Caraman 38 - 13 5 7127731 Per PERSON T ISSUED Contractor Name: Phone: 11 11001110 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: **VPR 2 4** 1997 **** . . 1 ** **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: 032-1 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 1717137 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use □Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied THE BUT MORAND : BUT FOR THE PART OF THE Historic Preservation □Not in District or Landmark □ Does Not Require Review □Requires Review Action: CERTIFICATION □Appoved □Ápproved with Conditions 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 ☐ 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector