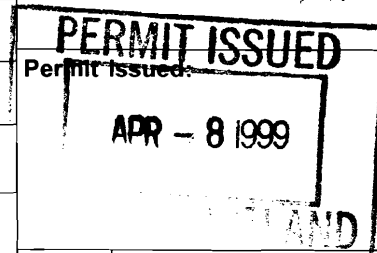


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 57 Exchange Street 3rd Floor		Owner: John J. Goldy Trust		Phone: 871-1080		Permit No: 990297	
***Owner Address: C/O: Dirigo Management One City Center, Portland, ME 04101		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Dirigo Management Co.		Address: One City Center Portland 04101		Phone:			
Past Use: Office Space		Proposed Use: Same		COST OF WORK: \$ 7,000		PERMIT FEE: \$ 60.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature:	
Proposed Project Description: Interior renovations, new walls, remove existing doorways.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
				Signature: Date:			
Permit Taken By: SP		Date Applied For: 4-6-99					



Zone: **B-3** CBL: 032-E-001

Zoning Approval: *[Signature]* 4/7/99

Special Zone or Review:

☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐ minor ☐ mm ☐

Zoning Appeal

- ☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

- ☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action: *Any exterior work needs approval*

☐ Approved *approval*
☐ Approved with Conditions
☐ Denied

Date: _____

**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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 4-6-99 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

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

CEO DISTRICT

