## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: Phone: Location of Construction: Jour 1. Sold: Torret 3rd Ficer ST explicit street Owner Address: (10) Strike harmaners to 04:01 Lessee/Buyer's Name: Phone: BusinessName: Contractor Name: Address: Phone: Perclane Oalt) tripo hamagement de. APR - 8 1999 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ / , 1100 \$ 50,00 3 ti Mar artigen Grand FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) THE METERS OF THE PROPERTY OF Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland □ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 4th 3-4-39 **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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... □Denied Historic Preservation □ Not in District or Landmark PERMIT ISSUED □ Does Not Require Review WITH REQUIREMENTS ☐ Requires Review 1.00 Action: □Appoved **CERTIFICATION** ☐ Approved 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 6-6-49 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

## **COMMENTS**

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