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

Location of Construction: 3b A. Chat. Struct. (412)	Owner:		Phone: $\mathcal{L}_{i} = \{i\} \in \{i\}$	Permit No: 981403
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address: 5x5 - alt u.z 1 (- 1 (- 1)	Phon the baccouter, and	e: 	PERMITISSUED
Past Use:	Proposed Use:	COST OF WOR \$		DEC 1 4 1998
		FIRE DEPT.	Approved INSPECTION 9900 Denied Use Group: Type Duct 9 Signature: 1000	CITY OF PORTLAND
Proposed Project Description:			ACTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
15 ¹⁰ - 21 ¹⁰ - Carvaa tad wood Atjte Navi - 1999 - august Grantar.		Action:	Action: Approved $\mathcal{U}\mathcal{V}$ \Box Special Zone or Reviews: Approved with Conditions: \Box \Box Shoreland Denied \Box \Box Wetland \Box Flood Zone	
Permit Taken By:	Date Applied For:	Signature:	Date:	□Subdivision □Site Plan maj □minor □mm □
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				Zoning Appeal
「「日本」の「日本」の「日本」の「日本」の「日本」の「日本」の「日本」の「日本」				Historic Preservation
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				□ Appoved □ Approved with Conditions □ Denied
				_
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	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				

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