City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: 'ermit No: 010135 Owner Address: Lessee/Buver's Name: Phone: BusinessName: 'ermit Issued: Contractor Name: Address: Phone: 1672190229770 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: FEB 2.6 \$(9.4995) \$ 32.4 INSPECTION: 3/9/1494 FIRE DEPT. Approved Conneces of Lat. Commercial ☐ Denied Use Group: !one: CBL: BOCAGU 15 3 605 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (ALA.D.) Action: Approved dval carved mord sign, i-dimensional, dethir flag re se Approved with Conditions; hungirow building on custom from bracker Denied Signature: Date: Date Applied For: Permit Taken By: February 7, 2001 es Jeaice **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use 3. 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 PERMIT ISSIJED WITH REQUIREMENTS ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit PERMIT ISSUED WER PRETRICT SIGNATURE OF APPLICANT PHONE: ADDRESS:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

PHONE:

11/14/03	COMMENTS		
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		Inspection Record	
	Туре		Date
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