City of Portland, Maine – Build				
Location of Construction: 365 Fore St	Owner: Monopoly,	Inc.	Phone:	Permit No: 9 8 0 6 9 7/
Owner Address: P.O. Box 367 Ptld, ME 04104	Lessee/Buyer's Name: Alternative Placementz	Phone: 2 365 Fore St P	BusinessName: Ptld, ME 04101	PERMIT ISSUED
Contractor Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
Past Use:	Proposed Use:	COST OF WOR	\$ 26.20	CITY OF PORTLAND
Retail/Comm		FIRE DEPT.	Approved INSPECTION: Use Group: Type: **Docogg** Signature: **Type:** **Docogg** **Type:** **Docogg** **Type:** **Docogg** **Signature: **Type:** **Docogg** **Type:** **Type:** **Type:** **Docogg** **Type:** **	Zone: 032-F-005
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: Denied				Special Zone or Reviews:
		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By:	Date Applied For:	09 June 1998		☐ Site Plan maj ☐minor ☐mm ☐
 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 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
		W	PERMIT ISSUED TTH REQUIREMENTS	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
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				□ Approved □ Approved with Conditions on, □ Denied
areas covered by such permit at any reasonable	thour to emotee the provisions of the		n permit	
SIGNATURE OF APPLICANT	ADDRESS:	10 June 1998 DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE -Permit Desk Green-Assessor's	Canary_D PW Pink_P	PHONE:	CEO DISTRICT
Wille	Chini Dean Cleen-Maacaaul a	Canaly-D.1.W. Fink-r	abilit ine itory card-inspector	A. Roul