City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Joe Soley Phone: Permit No: 773-7310 *** 363 Fore Street Portland *** ** Oscar Benoit **** Phone: Owner Address: Lessee/Buyer's Name: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$26.20 INSPECTION TIME **FIRE DEPT.** □ Approved Retail same ☐ Denied Use Group: CBL: 032-F-005 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved with Conditions: Side Walk Sign □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision Date Applied For: July 30, 1999 K. ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Κ. **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-3. □ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review **PERMIT ISSUED** Action: WITH REQUIREMENTS CERTIFICATION □ Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 July 30, 1999 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

CEO DISTRICT