City of Portland, Maine - Building or Use Permit Application (289 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: Permit No: QQQ RILLAN INCAPAL al "Hearings of Lessee/Buver's Name: Phone: Owner Address: BusinessName: Pernit Issued: Contractor Name: Phone: Address: 7/4 ->7777 - 2.3. 16 Ele. 19. 1 207 1217 12 1011 1 APR 3 0 1998 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 5 10.06 · F. _ (-) FIRE DEPT. □ Approved INSPECTION: myst "ablacity. ☐ Denied Use Group: Type: CBL: And August Zone: and the field. Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland -- 1.0**2*** - 1. -1.1 1.1 1.1 - 0 € Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: or; black MI ANTLE SALE **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ 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 □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit or Apart 1998 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

Foundation: Framing: Plumbing: Final:			Mys Caplad. an
Type Date Type			