## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: 772-6579 Permit No: \*\*\* 399 Fore Street #7 Sawver Reality Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Contractor Name: Permit Issued: Address: Phone: Proposed Use: COST OF WORK: PERMIT FEE: Past Use: **\$**0 \$30.00 **FIRE DEPT.** □ Approved **INSPECTION:** office office/Massage therapy Use Group: 13 Type: 33 ☐ Denied CBL: BOC#99 032-F-013 Signature: Signature: 74 Proposed Project Description: Zoning Approval PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Special Zone or Review Approved with Conditions: ☐ Shoreland Change of use to massage therapy Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: ₩x NW April 20 2000 K 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** □ Not in District or Landmark □ Does Not Require\_Review □ Requires Review PERMIT ISSUED WITH REQUIREMENTS 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 ☐ Approved with Conditions □ 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 April 20 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: wed bequirements RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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