

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1 Exchange Street 04101		Owner: ** Todd Proctor		Phone: ** 879-9843		Permit No: <b>990688</b>	
Owner Address: 11 Exchange Street		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Todd Schook		Address: 184 Temple #7 Old Orchard Beach,		Phone: ME 04064		Permit Issued: <b>JUN 28 1999</b>	
Past Use:  Pizza Parlor		Proposed Use:  Same		COST OF WORK: \$ 250.00		PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <b>A3</b> Type: <b>4</b> <b>BOC# 96</b>	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description:  Build new employee bath room.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: SP		Date Applied For: 6-24-99					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

\*\*\*\*\*Call Todd: For Pick Up 879-9843 or 775-6654

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 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

June 24, 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

Zone: <b>63</b>	CBL: 032-F-014
Zoning Approval: <i>[Signature]</i> 6/28/99	
Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

**Zoning Appeal**

- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

**Historic Preservation**

- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

Action:

- ☐ Approved
- ☐ Approved with Conditions
- ☐ Denied

Date: \_\_\_\_\_

CEO DISTRICT

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