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

Location of Construction:	Owner:	130.	Phone:	Permit N990372
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISS
Contractor Name:				
Past Use:	Proposed Use:	COST OF WOR \$	ं <mark>s 145.</mark> 00	APR 2 3 1999
α. ² α (α.	Sano	FIRE DEPT. 🗗	Denied Use Group: By Type:	CITY OF PORTLAND
		Signature:		Zone: CBL: 32-6-001 Zoning, Approval:
Proposed Project Description:		PEDESTRIAN A	ACTIVITIES DISTRICT (P/A/D	
Record office upace and adding to ottations.	s office, built in work	Action:	Approved with Conditions:	□ Special Zone or Reviews:
			Denied	U Wetland
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:	sen 14-99		□ Site Plan maj □minor □mm □
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 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 				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation
I hereby certify that I am the owner of record of th authorized by the owner to make this application if a permit for work described in the application i areas covered by such permit at any reasonable h	as his authorized agent and I agree to c s issued, I certify that the code official's	conform to all applicab s authorized representa	le laws of this jurisdiction. In addit tive shall have the authority to ente	ion, Denied
	tame & Law Big			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	RK, TITLE		PHONE:	
White_D	ermit Desk Green-Assessor's Ca	nary_D PW _ Dink_D	ublic File Ivory Card-Inspector	

COMMENTS Checked w/ #23 Electric passed 7/24 Good **Inspection Record** Туре Date Foundation: _____ Framing: _____ Plumbing: _____ Final: _____ Other: _____