

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

Location of Construction: 110 Exchange St.		Owner: Salt Institute		Phone: 761-0660		Permit No: 001116	
Owner Address: 110 Exchange St.		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *** Prostyle design		Address: *** 142 High St. Rm. 509, Portland		Phone: 04101		Permit Issued: 001 - 2,000	
Past Use:  Commercial		Proposed Use:  Same		COST OF WORK: \$ (96 sq. ft.)		PERMIT FEE: \$49.20	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>Signature</i> Use Group: Type: <i>BOCA99</i>	
				Signature:		Signature: <i>Signature</i>	
Proposed Project Description: painted lettering on first floor & erect 1 3 x 3 hanging sign.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature: <i>INA</i> Date: <i>9/29/00</i>			
Permit Taken By: Gayle		Date Applied For: September 11, 2000 GG					

Zone: *B3* CBL: 032-H-001

Zoning Approval: *etc 9/1/00*

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 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 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

Action:

Approved  
 Approved with Conditions  
 Denied

Date: *to D. A 9/13*

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: *September 11, 2000* PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**  
*9/29/00*  
**ISSUED**  
**CEO DISTRICT**