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, Inc.		Phone: 761–0660	Permit No: 99061 ()
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
P.O. Box 7800 Ptld 04112-7800	Salt, Inc.			
Contractor Name:	Address:	Phone:	Permit Issued:	
Doten Construction	S. Freeport Rd, Freeport			 JN 4 (999 = 5
Past Use:	Proposed Use:			
Business	Literary Inst.			
	Literary mst.	FIRE DEPT.		
			enied Use Group: B Type:	Zone: ZCBI :
		Signature: 17	yn7 Signature: Alla	032-н-001
Proposed Project Description:			CTIVITIES DISTRICT (PAD.	Zoning Approver and the
Change of Use Business to Litera		Approved		
renovations	Ly Inst. W/Interior			□ Special Zone or Reviews: □ □ Shoreland □ 10/99
Tenovacions			Denied	\square \square Wetland 910119
				□ Flood Zone
		Signature:	Date:	□ Subdivision
Permit Taken By: UB	Date Applied For:	8 Turne († 1000		Site Plan maj 🗆 minor 🗆 mm 🗆
OB	sp	June 2 , 1999		Zoning Appeal
 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. 				□ Variance
				☐ Miscellaneous
3. Building permits are void if work is not start tion may invalidate a building permit and s	□ Interpretation □ Approved			
tion may invalidate a building permit and s				Denied
				Historic Preservation
				□ Not in District or Landmark
				□ Does Not Require Review □ Requires Review,
		WI	TH REQUIREMENTS	Action: Y Exterior
	CERTIFICATION			workt vegunes A
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,				Appoved Separate
if a permit for work described in the application	ę ę		5	
areas covered by such permit at any reasonable	-	-	5	Date:
		T 0 1005		
SIGNATURE OF APPLICANT	ADDRESS:	June 9, 1999 DATE:	PHONE:	
SIGNALUKE OF AFFLICANT	ADDRESS:	DALE	rnune:	
				[]
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
White_I	Permit Desk Green–Assessor's Can	arv-D.P.W. Pink-Put	lic File Ivory Card-Inspector	

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