

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

Location of Construction: 25 Temple St, 04101		Owner: Pizza Galli		Phone: 773-8393 *		Permit No: 000487	
Owner Address: Pizza Galli Vermont		Lessee/Buyer's Name: Alanna York		Phone:		BusinessName: Head Games	
Contractor Name: Alanna York		Address: 1552 Congress St, 04101		Phone: 408-9529		Permit Issued:	
Past Use: Office		Proposed Use: Hair Salon		COST OF WORK: \$		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature:	
Proposed Project Description: Change of use from Office to Hair Salon				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: <i>[Signature]</i> Date: <i>[Signature]</i>			
Permit Taken By: NW		Date Applied For: NC 5-12-00					

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..

Please Call Alanna @ 773-8393 or 408-9529 (cell)

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

SIGNATURE OF APPLICANT		ADDRESS:		DATE: 5-12-00		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

**PERMIT ISSUED
WITH REQUIREMENTS**

Zoning Appeal

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

Historic Preservation

☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review
Action: *Any exterior changes require A Separate permit*
☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

**PERMIT ISSUED
WITH REQUIREMENTS
CEO DISTRICT**