

960689

Location of Construction:		Owner:		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use:		Proposed Use:		COST OF WORK: \$	
				PERMIT FEE: \$	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <i>3B</i> Signature: <i>[Signature]</i>	
Proposed Project Description: <i>Change Use/Make Interior Renovations</i>				Signature: <i>[Signature]</i>	
				Date: <i>[Signature]</i>	

Permit No: **960689**

**PERMIT ISSUED**

Permit Issued: **JUL 10 1996**

**CITY OF PORTLAND**

Zone: *H* CBL: *H*

Zoning Approval:

**Special Zone or Reviews:**

☐ Shoreland  
☐ Wetland  
☐ Flood Zone  
☐ Subdivision  
☐ Site Plan maj ☐ minor ☐ mm ☐

Permit Taken By: *Mary Greath* Date Applied For: *01 July 1996*

1. This permit application doesn't 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..

**Zoning Appeal**

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

**Historic Preservation**

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

Action:

☐ Appeved  
☒ Approved with Conditions  
☐ Denied

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

**PERMIT ISSUED WITH LETTER**

**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 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 *Mary Rose Quagline* ADDRESS: \_\_\_\_\_ DATE: *01 July 1996* PHONE: \_\_\_\_\_

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

**CEO DISTRICT** *2*