

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

Location of Construction: 5 Exchange Street 04101		Owner: Old Port Arms Bruce Lauka		Phone: 883-5528	
Owner Address: P.O. Box 485 Scarborough, ME		Lessee/Buyer's Name:		Phone:	
Contractor Name: ***Maine Properties Inc.		Address: P.O. Box 385 Scarborough, ME 04070		Phone: -0385	
Past Use: Commercial/Multi		Proposed Use: Same		COST OF WORK: \$ 25,000	
				PERMIT FEE: \$ 174.00	
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use, Group: 3 Type: 3-3 BOCA 95	
Proposed Project Description: Fire Job. Interior Renovations Due to Fire.		Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: KA		Date Applied For: August 23, 1999		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
		Signature:		Date:	

Permit No: **090933**

PERMIT ISSUED

Permit Issued:
AUG 27 1999

CITY OF PORTLAND

Zone: **B-3** CBL: 032-I-002

Zoning Approval:
There shall be no change of use during fire repair or a sep. permit req.

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

**** Send To: Maine Properties Inc.
P.O. Box 385
Scarborough, ME 04070-0385

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 8-23-99 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review
Any exterior work needs a separate review

Action: Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT _____
ub _____