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

Location of Construction: 399 Fore Street #2 04	Owner: Jane Sawyer		Phone: 870-9688	Permit No:	
Owner Address: Atlantic Sportsware 36 Waldron Way, Ptld, ME 04102	* Kesses/Buyers Wane: **John Fay	Phone: 797-5028	BusinessName: Atlantic Cotton Co.	990802	
Contractor Name:	Address:	Phone	:	Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK	PERMIT FEE: \$ 27.40	JUL 2 9 1999	
Retail	Same	FIRE DEPT. D Signature:		Zone: CBL: 032-I-018 Zoning Approval:	
Proposed Project Description:			CTIVITIES DISTRICT (A.D.)	Zoning Approval:	
Sandwich Board Sign	Action: Approved Approved with Conditions:		Special Zone or Reviews: Shoreland Wetland Flood Zone		
		Signature:	Date:	□Subdivision	
Permit Taken By: ub	Date Applied For:	7-26-99		☐ Site Plan maj ☐minor ☐mm ☐ Zoning Appeal	
 Building permits do not include plumbing, septic or electrical work. 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 ***Mail To: Atlantic Sportsware John Fay 36 Waldren Way Portland, ME 04102 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review	
			PERMIT ISSUED WITH REQUIREMENTS	Action:	
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				on, ☐ Denied	
	7–	27-99			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:		
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE		PHONE:	CEO DISTRICT	
White-	Permit Desk Green-Assessor's (Canary-D.P.W. Pink-Put	olic File Ivory Card-Inspector	ub	