City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: Location of Construction: Owner: 751-45.1 3 Carri Place ل السورية المناسبة ال Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Sall Mant, 115 Undergoing St. indre Soundation ermit Issued: Contractor Name: Address: Phone: deales From the Co. I think Place 871-4521 **FEB 2 5** 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$25.00 \$ 1,060.06 FIRE DEPT. Approved Ortton INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Lot rene of poet plans () () () () () Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Vicks Dower 2/12/98 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation Call Paul Cresact, Boules Co. ☐ Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS 871-1296 Los 8/8 ☐ Does Not Require Review ☐ Requires Review WITH REQUIREMENTS Action: **CERTIFICATION** ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Mrst, I Canal Placa, 871-1280 SIGNATURE OF APPLICANT ADDRESS: PHONE: Polis Oranger Scular Co. RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**