

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

Location of Construction:	Owner:	Phone:	Permit No: 000669
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name:	Address:	Phone:	
Past Use:	Proposed Use:	COST OF WORK: \$25,000	PERMIT FEE: \$474.00
		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: 15 Type: 23 MOCA 99
Proposed Project Description:		Signature: [Signature]	Signature: [Signature]
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>	
Permit Taken By:	Date Applied For:	Signature:	Date:

PERMIT ISSUED
 Permit Issued:
JUN 23 2000
CITY OF PORTLAND

Zoning Approval: OK #
Special Zone or Reviews:
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

action:
 Approved
 Approved with Conditions
 Denied
 Date: _____

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: 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
CEO DISTRICT

COMMENTS

2/11/04

Closed out,

APB

Inspection Record

Type

Date

Foundation: _____

Framing: _____

Plumbing: _____

Final: _____

Other: _____
