City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit N 9 8098 3 Owner: Phone: 974-7000 Ac o Sammy Blicker Scalt C I bearing the states Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 1 Gentle Fried 174 1 2 1 Contractor Name: Phone: Address: The keepshir was, one. 171 Martin ave Pille, ME 042112 797-3349 - 1 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 60.00 3.100.00 Use Group: Type: CITY OF PORT FIRE DEPT. Approved Burn Willie ئ منائده ف ☐ Denied Zone: CBL: BOCA Gles Signature: Zonińg Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D. Action: Approved Special Zone or Reviews: Interport Section to Place ? "There" Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 15 angest 1996 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation ☐ Not in District or Landmark Does Not Require Review ☐ Requires Review 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit DATE: SIGNATURE OF APPLICANT ADDRESS: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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Other: _____