## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: 1 Came Mars. Place Resident La. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Long Burch Phone: Contractor Name: Address: 1762-3601 ుంద్రుల్ క్షేమ్రుగ Vi liduseriai Park Buch . But 14:16 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: OCT 2 1998 31.70 3 41148 INSPECTION: 1/1/ **FIRE DEPT.** □ Approved ☐ Denied Use Group: Type: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied □Wetland BENCH LEWINGE ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 26. Seri industrated t Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ 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 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 ☐ Approved with Conditions □ 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 នាម និកទ្ធនិស្សាស្រ្ត នៅម៉ូម៉ូម៉ូ SIGNATURE OF APPLICANT ADDRESS: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector