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

Location of Construction:		wner:			Phone:		Permit No:		
Contract States		tey Cokpa. Corp.					99	059 1	
Owner Address:	Lessee/Bu	yer's Name:	Phon	e:	Busines	sName:	DEDMIT IC	CUED	
Contractor Name:	Address:	emanicae Pe. No 2000.	Section 1	Phone	:	<del></del>	Permit Issuedi	0020	
Past Use:	Proposed Use:			COST OF WORK:		<b>PERMIT FEE:</b> \$ 34.75	JUN 1.0	1999	
A 1 Sept 8	Su se			EPT. 🗆 A	Approved	INSPECTION:	CITY OF PORTLAND		
					Denied	Use Group: Type:	7		
			Signature: Signa			Signature: A		1-115	
Proposed Project Description:	-		PEDESTRIAN ACTIVITIES DISTRICT PAR				Zoning Approval:		
n de la companya de l				Action: Approved				, Special Zulle of Reviews.	
			Approved with Conditions: [ Denied [		☐ Shoreland ☐ Wetland				
							□Flood Zone		
D : TI D		D. 4. A. 15. 1 F.	Signatu	e:		Date:	│ □Subdivision │ □Site Plan maj □	Iminor □mm □	
Permit Taken By:		Date Applied For:		Miss 3	. 1990 -		Zoning A		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>							☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied		
							Historic Pres  □ Not in District or □ Does Not Requi □ Requires Review	r Landmark re 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 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,							□ Denied		
if a permit for work described in the application is it areas covered by such permit at any reasonable hou						we the authority to enter all	Date:	<del>-</del>	
41. m 4 , 3000									
SIGNATURE OF APPLICANT	ADDRESS:			DATE:		PHONE:			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						PHONE:	CEO DISTRICT	,	
White_Por	mit Doek	Green_Assessor's Can	arv_D PW	Pink_Pu	hlic File	Ivony Card_Inspector	1,41		