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: Boyd Properties 180 Middle St 971246 Owner Address: Lessee/Buver's Name: Phone: BusinessName: Toys, Inc. Kaleidoscope Permit Issued: Contractor Name: Address: Phone: Garrison Judd 180 Middle St Ptld, ME 04101 772-1515 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 32.20 NOV 1 8 1997 **FIRE DEPT.** □ Approved INSPECTION: Use Group: ☐ Denied Retail Type: Same Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Review Approved with Conditions: Erect Signage 36 Sq Ft Denied □ Wetland ☐ Flood Zone < ☐ Subdivision ≥ Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 06 November 1997 Mary Gresik **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 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 Neguires 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 06 November 1997 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: Garrison Judd 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

DISTRICT Z