

Location of Construction: 427 Fore St - ground level		Owner: Key Bank	Phone: 970146	Permit No:
Owner Address: Lessee: Box 169 - Ptld ME 04112	Lessee/Buyer's Name: Thomas Dana	Phone: 775-2228	Business Name:	
Contractor Name: lessee	Address:		Phone:	Permit Issued PERMIT ISSUED FEB 25 1997 CITY OF PORTLAND CEL 032-1-011
Past Use: restaurant	Proposed Use: retail space w intr renvtns	COST OF WORK: \$ 35,000	PERMIT FEE: \$ 195	
Proposed Project Description: change of use - to retail space with interior renovations		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:	Zoning Approval: Conditions: Separate permits Special Zone or Reviews: <input type="checkbox"/> Shoreland Required for <input type="checkbox"/> Wetland Signage <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
		Signature: <i>[Signature]</i>	Signature:	
Permit Taken By: L Chase		Date Applied For: 2/12/97		

- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

separate review.

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]
SIGNATURE OF APPLICANT

2/12/97
DATE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT

2

A. Cowle

6/27/97

COMMENTS

CGO for Right side space for retails.
and CGO for center space for retails.

Far left space not finished yet

Inspection Record

	Type	Date
Foundation:	_____	_____
Framing:	OK	12/16/97
Plumbing:	_____	_____
Final:	OK	12/16/97
Other:	_____	_____