

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

Location of Construction: 392 Fore Street Portland 04101		Owner: Ed Stevenell		Phone:		Permit No: 990865	
Owner Address: 392 Fore Street Portland 04101		Lessee/Buyer's Name: Richard Plouffe - Grilly Ldu		Phone: 770-2709			Business Name:
Contractor Name:		Address:		Phone:		Permit Issued: AUG 13 1999	
Past Use: Residential		Proposed Use: same		COST OF WORK: \$			PERMIT FEE: \$6.47
Proposed Project Description: Side Walk Sign		Signature:		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Permit Taken By: <i>[Signature]</i>		Date Applied For: Aug. 9, 1999		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <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"/>	

CITY OF PORTLAND

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 OF APPLICANT _____ ADDRESS: _____ DATE: **Aug. 9, 1999** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Action:
 Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT 1