

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

Location of Construction: 2 Monument Sq 4th floor		Owner: Zunich US		Phone: 412-928-8779		Permit No: 000917	
Owner Address: 1400 American Lane Schauburg Il 60196		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: *** Atlantic Coast Const. ***		Address: PO Box 10792 Portland Me 04104		Phone:		Permit Issued:	
Past Use: office		Proposed Use: same		COST OF WORK: \$ 14,000		PERMIT FEE: \$ 108.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: B Type: 2B	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: office fit up inter. reno.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
				Signature: _____ Date: _____			
Permit Taken By: K		Date Applied For: Aug 15 2000 K					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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

Aug. 15 2000

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

Zone: **03** CBL: **032-K-001**

Zoning Approval: *[Signature]*

Special Zone or Reviews: *[Signature]*

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action: *Any exterior work requires a separate permit*

- Approved *separate*
- Approved with Conditions
- Denied *Denial*

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS

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