## 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: Finnard & Company 772-2257 1 Monument Square 000924 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 3 Burlington Wood Dr Burlington Mass 01803 Permit Issued: Contractor Name: Address: Phone: PO Box 8107 Portland ME 04104 Ledgewood Inc AUG 2 2 2000 COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ 435,000 \$ 2,634.00 commercial same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: B Type://B Zone: CBL: BOCA 9U 032-K-012Signature: **Proposed Project Description:** Zoning Approval-PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Review Approved with Conditions: ☐ Shoreland Lobby renovation and rear entrance modification Denied □ Wetland □ Flood Zone Signature: □ Subdivision Date: Site Plan, mai □minor □mm □ Permit Taken By: Date Applied For: GGAug 11 2000 K Zoning Appeal □ Variance R 4 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous HAS W Building permits do not include plumbing, septic or electrical work. 2. □ 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 ( Call Ron 767-18lde **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review WITH REQUIREMENTS □ Requires 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 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: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE:

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