## 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:
Owner Address:	Leasee/Buyer*s Name:	r's Name: Phone: BusinessName:		
Contractor Name:	Address: 4	Phone:	DEP	PERMIT DING INSPECTION
Past Use:	550 Gengrenn St. Proposed Use:	COST OF WORK: \$ 5,000.00	PERMIT FEE: \$ 45.00	SEP 2 7 1996
heak	Same	FIRE DEPT.  Approved Denied	Use Group: Type:	Zone: CBL:
Proposed Project Description:		Signature: PEDESTRIAN ACTIVITI	Signature:	Zoning Approval:
Install ATM into existin	g drivo-up window	Action: Approved	with Conditions:	Special Zone or Reviews: Shoreland Wetland Flood Zone Subdivision
Permit Taken By:	Date Applied For:	1 September 1996		□ Site Plan maj□ minor □ mm □
<ol> <li>Building permits do not include plumbing.</li> <li>Building permits are void if work is not station may invalidate a building permit and</li> <li>Building permit and plans as per Photometry in the plans are per Photometry in the plan</li></ol>	rted within six (6) months of the date of i stop all work		Street and	<ul> <li>Miscellaneous</li> <li>Conditional Use</li> <li>Interpretation</li> <li>Approved</li> <li>Denied</li> </ul> Historic Preservation <ul> <li>Not in District or Landmark</li> <li>Does Not Require Review</li> <li>Requires Review</li> </ul> Action:
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable	on as his authorized agent and I agree to n issued, I certify that the code official's	conform to all applicable laws of t authorized representative shall ha	his jurisdiction. In addition,	
SIGNATURE OF APPLICANT Advised Ba	ADDRESS:	11 September 1996 DATE:	PHONE:	- A
SIGNATORE OF ATTEICANT ACTION 54	115 ADDALSS.	DOLD.	ruone.	
RESPONSIBLE PERSON IN CHARGE OF WO	DRK, TITLE		PHONE:	CEO DISTRICT
White-	Permit Desk Green-Assessor's Ca	nary-D.P.W. Pink-Public File	Ivory Card–Inspector	h L T

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:		
l Monument Sq	Murray Finard				Permit No: 32-K-012		
Owner Address:	Leasee/Buyer's Name: Key Bank	Phone:	Business	sName:	<b>360953</b>		
Contractor Name:	Address:	Phone:			Permit ISSUEDING INSPECTION		
Portland Safe	550 Congress St P			3015	CITY OF PORTLAND, ME		
Past Use:	Proposed Use:	COST OF WORK	:	PERMIT FEE:			
		\$ 5,000.00		\$ 45.00	SEP 2 7 1996		
Bank	Same	FIRE DEPT. 🗆 A	pproved	INSPECTION:			
		D Signature:	enied	Use Group: Type: Signature:			
Proposed Project Description:				S DISTRICT (P.U.D.)	Zoning Approval		
Action: Approved					Tole 5		
Install ATM into existing drivu-up window Approved with Conditions:					Special Zone or Reviews:		
Denied				1 1 0	U Wetland 9 2690		
		N	1	N. Alilar	Flood Zone		
		Signature:	mame	B Date: 7/6/76			
Permit Taken By:	Date Applied For:	September 1996			□ Site Plan maj□ minor □ mm □		
	11.	September 1990			Zoning Appeal		
1. This permit application doesn't preclude the	□ Variance						
2. Building permits do not include plumbing,	Miscellaneous     Conditional Use						
<ol> <li>Building permits are void if work is not start</li> </ol>							
tion may invalidate a building permit and s	□ Approved						
	Denied						
Sam - No plans as per Phi	Wataria Descentation						
				tructures	Historic Preservation		
	Does Not Require Review						
call Adriana for Plu	Requires Review						
Charles 1	Action						
	Action:						
	□ Appoved						
I hereby certify that I am the owner of record of t	Approved with Conditions						
authorized by the owner to make this application	Denied						
if a permit for work described in the application	Date: 9/12/96						
areas covered by such permit at any reasonable							
$\Omega$ . $\Omega$ ,					N A		
Mariana Maille	11	September 199 DATE:	6		A FIGHINES		
SIGNATURE OF APPLICANT Adriana Bay	ley ADDRESS:	DATE:		PHONE:	D. Multicos		
Dutland Sala Anna	ILLUC P MARCON	Ana		- 201C			
RESPONSIBLE PERSON IN CHARGE OF WO	RK. TITLE	well.	IF	PHONE:	CEO DISTRICT		
HEAL VIOLABLE FLAGOR HIS CHEMICLE OF HO				a a cristian			
White-							
1. Rowt							