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

Location of Construction: 406 Forth Streat Portland 04101	Owner:		Phone:		Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	Name:	990765
1 Saahaya Street	Graday's Burries Christoph		/72-3		PERMIT ISSUED
Contractor Name:	Address: Phone:				Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:		<b>PERMIT FEE:</b> <b>\$</b> -20,20	<b>JUL 2</b> 0 1999
lo mercial	SLEC	<b>FIRE DEPT.</b>		<b>INSPECTION:</b> Use Group: Type:	ITY OF PORTLAND
		Signature:		Signature:	Zone: CBL:
Proposed Project Description:	·			S DISTRICT (P.A.D.)	Zoning Approval:
utde wolk sign		A	pproved pproved w enied	/ith Conditions:	□ □ Shoreland
		Signature:		Date:	
Permit Taken By:	Date Applied For: July 16,	1995 8.			□ Site Plan maj □minor □mm □
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>					Miscellaneous     Conditional Use     Interpretation     Approved     Denied     Historic Preservation
					□ Not in District or Landmark □ Does Not Require Review □ Requires Review Action:
<b>CERTIFICATION</b> 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					, Denied
2番150-16-1999					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector					