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

	Owner: Solethay Limited to	16001117	Phone: 775-0657	Permit No:
Owner Address: Line Leavitt Screet & Company 33 where St. 04101	Lessee/Buyer's Name:	Phone:	BusinessName: Street & Company	990674
Contractor Name:	Address: 53 industrial May, Ptic, 8	14 04103 Phone: 870	~£488	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK	PERMIT FEE:	JUN 2 4 1999
Funtourmet	i, labit	FIRE DEPT. A		Zone: CBL: 33-1-01
Proposed Project Description:			CTIVITIES DISTRICT (#.A.D.)	Zoning Approval:
19 × 6' Awning on Wharf St. (	A	approved with Conditions:	Special Zone or Reviews:	
			e incu	□ Flood Zone
<u> </u>		Signature:	Date:	☐ Subdivision☐ Site Plan maj ☐minor ☐mm ☐
Permit Taken By:	Date Applied For:	Juna 4, 1999		
<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
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation  ☐ Not in District or Landmark  ☐ Does Not Require Review  ☐ Requires Review
				Action:
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				n, ☐ Denied
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				Date:
June 7, 1999				:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	X, TITLE		PHONE:	CEO DISTRICT
White-Pe	rmit Desk Green–Assessor's Canar	y–D.P.W. Pink–Pub	lic File Ivory Card-Inspector	