

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

Location of Construction: 4 City Center		Owner: Forrest, William		Phone:		Permit No: 970633			
Owner Address:		Lessee/Buyer's Name: Christian Science Reading Room		Phone:		Business Name:			
Contractor Name: Tim Kane Carpentry		Address: 51 Longfellow Dr Cape Elizabeth, ME 04107		Phone: 799-4918		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>PERMIT ISSUED</b>                  Permit Issued:                  JUN 20  <b>CITY OF PORTLAND</b> </div>			
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$ 500.00				PERMIT FEE: \$ 25.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied				INSPECTION: Use Group: M Type: 3B COCA 96	
Proposed Project Description: Make Interior Renovations - 1st floor				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning: B-3 CBL: 032-P-003			
				Action: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>OK 3/6/97</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>			
Permit Taken By: Mary Gresik				Date Applied For: 18 June 1997					

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..

**PERMIT ISSUED WITH...**

**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

SIGNATURE OF APPLICANT: *[Signature]* Tim Kane ADDRESS: 51 Longfellow Dr. C.E. DATE: 18 June 1997 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

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: 6/19/97  
*[Signature]*

CEO DISTRICT 2  
*A. Powell*