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: 775-4300 Permit No: Four City Center *** One Spring Street Lessee/Buyer's Name: Phone: 761-5811 Owner Address: BusinessName: Xanh T. Pyle (Lilly's) SAA Permit Issued: Phone: Contractor Name: Address: 04101 879-7446 229 Forest Avenue The Signery Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ \$ 29.20 Same Hair Salon FIRE DEPT. □ Approved INSPECTION: ☐ Denied Use Group: Type: CBL:032-P-003 Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Erect a 36" x 84" aluminum sign on Special Zone or Reviews: Approved with Conditions: ☐ Shoreland building above window. Denied □Wetland ☐ Flood Zone Signature: □ Subdivision Date: Permit Taken By: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: 4-15-99 UB **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation tion may invalidate a building permit and stop all work... ☐ Approved □ Denied ***Mail to: Lilly's Hair & Tanning **Historic Preservation** One Spring Street □ Not in District or Landmark Portland, ME 04101 ☐ Does Not Require Review □ Requires Review Action: **CERTIFICATION** ☐ Appoved 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 □ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-15-99 SIGNATURE OF APPLICANT DATE: ADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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