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

Location of Construction:  8 City Center Ground Floor 04101 Owner: Harold Friedma		man	Phone: 761-0900	Permit No: 0 0 1 3
Owner Address: 6 City Center 04101	Lessee/Buyer's Name: N/A	Phone:	BusinessName:	000310
Contractor Name: Daigle Construction	Address: 234 Church Rd. Brunswi	ck CraigePhor	ne: 725 <b>-</b> 1452**	Permit Issued:
Past Use:	Proposed Use:	\$ 1,500.00		Mar 7
Office/Vacant $ullet$	nt Same		Approved Denied \$ 36.00  INSPECTION: Use Group: 1/3 T	
mortgage Co	To remain Vacant- Nous	Se- TingSignature:	Denied Use Group: B T BOC B 99 Signature: Arm	Sone: CBL: 032-P-004
Proposed Project Description:	34	PEDESTRIAN .	ACTIVITIES DISTRICT (P)	Zoning Approval:
Remove Office	Action:	Approved Approved with Conditions: Denied	Special Zone or Reviews:  Shoreland W. A. Condito  Wetland	
		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By: NW	Date Applied For: GD	May 9,2000		□ 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> <li>***Please Call Craig For P/U/ 725-1452</li> </ol>				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied  Historic Preservation
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 on is issued, I certify that the code official?	conform to all applicabs authorized representa	le laws of this jurisdiction. In a tive shall have the authority to	Approved with Conditions
		May 9,20	00	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO			PHONE:	PERMIT ISSUED  CEPT PIRECUSTREMENTS
White	-Permit Desk Green–Assessor's Ca	nary-D.P.W. Pink-P	ublic File Ivory Card-Inspec	ctor