## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 428 Fore Street 3rd Floor Owner Address: SAA Lessee/Buyer's Name: N/A Phone: N/A

428 Fore Street 3rd Floor				883-0306	Permit No:	
Owner Address:	Lessee/Buyer's Name:	Phone:			000391	
SAA Contractor Name:	N/A Address:	N/A	<u>.</u>	N/ A	Permit Issued:	
Contractor Name: S.F. Flynn-Z Const. Co. Address: P.O. Box 2353 West Scarborough, ME Phone: 883-0306						
Past Use:	Proposed Use:	COST OF WOR	COST OF WORK: PEI		- 801. 2 K	
		\$ 24,000		\$ 168.00		
			FIRE DEPT. Approved			
Office/Retail	Same		Denied	Use Group: PaType: 38	Zone: CBI:	
		Signature:	letym	Signature: Affact	Zone: 032-R-001	
Proposed Project Description:		518111111		S DISTRICT/PA.D.)	Zoning approval:	
Interior Renovations, fire ra	ated ceiling, 3rd floor.	I	Approved		Special Zone or Reviews:	
•				vith Conditions:	☐ Shoreland	
			Denied		☐ Wetland ☐ Flood Zone	
		Signature:		Date:	☐ Subdivision	
Permit Taken By:	Date Applied For:				☐ Site Plan maj ☐minor ☐mm ☐	
ub		4-25-00			Zoning Appeal	
1. This permit application does not preclude	the Applicant(s) from meeting applicable	State and Federal rules.			□Variance	
Building permits do not include plumbing, septic or electrical work.  Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					☐ Miscellaneous ☐ Conditional Use	
					□ Interpretation	
	□Approved					
					☐ Denied	
					Historic Preservation	
					☐ Not in District or Landmark ☐ Does Not Require Review	
				- 1001150	☐ Requires Review	
			PERM	IT ISSUED	Ans = (1) are	
			WITH RE	QUIREMENTS	Action: Trenov	
	CERTIFICATION				□ Appoved Self > fr	
I hereby certify that I am the owner of record of						
authorized by the owner to make this applicat					□ Denied	
if a permit for work described in the application areas covered by such permit at any reasonab	•			ve the authority to enter all	Date:	
areas covered by such permit at any reasonab	to more the provisions of the ex	out(o) applicable to buel	- Pormit			
		4-25-00				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				PHONE:	PERMIT ISSUED	
					WITH REQUIREMENTS	

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