

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

032-R-001

Location of Construction: 37 Wharf St		Owner: Soley, Joseph & Company, Inc.		Phone:	
Owner Address:		Leasee/Buyer's Name: G.V. Soley's of Maine, Inc.		Phone: 37 Wharf St	
Contractor Name:		Address:		Phone: 775-9041	
Past Use: Residential		Proposed Use: Retail		<b>COST OF WORK:</b> \$ <b>PERMIT FEE:</b> \$ 20.00 <b>FIRE DEPT.</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied <b>INSPECTION:</b> Use Group: M Type: 3B BOCA 93 Signature: <i>[Signature]</i>	
Proposed Project Description: Retail Store		<b>PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)</b> Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i> Date: _____	
Permit Taken By: John Soley		Date Applied For: 14 Dec 93			

**Permit No:**  
**941369**

**Permit Issued:**  
**PERMIT ISSUED**  
DEC 21 1994  
**CITY OF PORTLAND**

**Zoning Approval:**

**Special Zone or Reviews:**

Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan  maj  minor  mm

**Zoning Appeal**

Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**

Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**

Approved  
 Approved with Conditions  
 Denied

Date: *[Signature]*

**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 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]* ADDRESS: \_\_\_\_\_ DATE: 14 Dec 94 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

**CEO DISTRICT**  
*[Signature]*  
Ms Manson

COMMENTS

2-7-95 Flag not up

Flag up - OK done per plan

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____