## Location of Construction: Phone: Owner: Permit No: 80809 9 417 3 40 30 30 Sec. & Strands Maria -- 20-5365 Lessee/Buyer's Name: Phone: Owner Address: BusinessName: PERMIT ISSUED Burne Stream 130 Cort and some share, the 14(123 967-4446 Contractor Name: Address: Phone: 174-4755 SLEVE CONSIL & ADDLL. JUL 2 7 1998 **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: \$ \$ 37.30 FIRE DEPT. Approved INSPECTION: 1+2-11 □ Denied Use Group: Type: CBL: CBL-R-CCI Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Econe Signage Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: $\geq G$ 15 1214 1996 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □Miscellaneous 2. 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 □ Approved tion may invalidate a building permit and stop all work.. Denied **Historic Preservation** PERMIT ISSUED □ Not in District or Landmark WITH REOUIREMENTS Ann guernaria tall chands 357-4444 Does Not Require Review Requires Review Action: CERTIFICATION Approved with Conditions 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 Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 1. 9 = 1 4 15 July 1993 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: CEO DISTRICT

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

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