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

Location of Construction:	Owner:	Pho		Permit No:	
the state that have a state of the state of			41632	990025	
Owner Address:	Lessee/Buyer's Name:	Phone: BusinessName:		DEDMIN COULD	
Jule pore Street Bocklond, ME Bala					
Contractor Name:	actor Name: Address: Phone:				
De et Une	Deserved User	COST OF WORK:	PERMIT FEE:	- AUG 2 5 1993	
Past Use:	Proposed Use:	\$	\$ 28.30		
夜 びきむき なんえの近	ら離消せ				
		FIRE DEPT.	ed INSPECTION: 519 12	CITY OF PORTLAND	
			Use Group: Type:	Zone: CBL:	
		Signature:	Signature:	Zone: CBL: 13:1-3-0.01	
Proposed Project Description:		PEDESTRIAN ACTIVI		Zoning Approval:	
	Action: Approv				
en e			ed with Conditions:	Special Zone or Reviews:	
J 1/ 5 X 3 1/2 Hauging Sign		Denied		Shoreland     Wetland	
		Signature:	Date:		
Permit Taken By:	Date Applied For:			🗌 🗆 Site Plan maj 🗆 minor 🗆 mm 🗆	
× ×/11/95					
				Zoning Appeal □ Variance	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					
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	
tion may invalidate a building permit and stop all work					
				Denied	
				Historic Preservation	
				□ Not in District or Landmark	
				Does Not Require Review	
				□Requires Review	
				A stisse	
				Action:	
<b>CERTIFICATION</b> 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 is 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					
				DApproved with Conditions	
				🗆 Denied	
				Deter	
				Date:	
8/12/99					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	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					