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

Location of Construction:	Owner:	- <b>*</b> .	Phone:	Permit No:
		C. D. C. W. C. Ward	×	961184
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	
Contractor Name:	Address: Phone:			Per PERMIT ISSUED
		$\begin{array}{c} \begin{array}{c} \text{Priore.} \\ 0.55 $		
Past Use:	Proposed Use:	COST OF WORK		<b>DEC - 5 1996</b>
		<b>\$</b> 1, 13, 7		
1 k 15		FIRE DEPT.	<u> </u>	
			Denied Use Group: Type:	CITY OF PORTLAND
				zone: CBL:
		Signature:		
Proposed Project Description:	PEDESTRIAN A	CTIVITIES DISTRICT (P.U.D.)	Zoning Approval:	
			Approved	Special Zone or Reviews:
·····································		Approved with Conditions:	□ Shoreland	
		Denied	U Wetland	
		Signature	Data	□ Flood Zone □ Subdivision
Dermit Teleon Dur	Data Applied For	Signature:	Date:	□ Site Plan maj □ minor □ mm □
Permit Taken By:	Date Applied For:	1111-111-11-11-11-1-1-1-1-1-1-1-1-1-1-		
				Zoning Appeal
1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ 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-				
tion may invalidate a building permit and stop all work.				Approved
				Denied
				Historic Preservation
-				□ Not in District or Landmark
				Does Not Require Review
				☐ Requires Review
				Action:
CERTIFICATION				□ Appoved
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				Date:
areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit				
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FICNATURE OF ADDI ICANT	Citta	<u></u>		
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				