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

Location of Construction:	Owner:	Phone:	Permit No: 970267
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name:	Address:	Phone:	
Past Use:	Proposed Use:	COST OF WORK: $	PERMIT FEE: $
		FIRE DEPT. ☐ Approved ☐ Denied	INSPECTION: Use Group: Type:
		Signature:	Signature:

PERMIT ISSUED
Permit Issued: APR – 1 1997
CITY OF PORTLAND

Zone: CBL: 32-S-003

Proposed Project Description:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
Action: Approved ☐
Approved with Conditions: ☐
Denied ☐
Signature: Date:

Zoning Approval:

Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐minor ☐mm ☐

Permit Taken By: Date Applied For:

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.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☑ Requires Review

Action:
☑ Appoved
☐ Approved with Conditions
☐ Denied

Date: _____

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 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

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT

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