

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

Location of Construction: **161 Commercial Street 04101		Owner: John Robertson		Phone: 774-6262		Permit No: 990801
Owner Address: **		Lessee/Buyer's Name: Whip & Spoon John Lothridge		Phone: 774-6262		
Contractor Name:		Address:		Phone:		Zoning: CBL: 032-S-004 B-3
Past Use: Retail		Proposed Use: Same		COST OF WORK: \$ 0 PERMIT FEE: \$ 27.24		
Proposed Project Description: Sidewalk Sandwich Sign 32x48		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Zoning Approval: NOT A Zoning Issue Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>3/7/20/09</i> <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: ub		Date Applied For: 7-26-99				

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..

*** Mail To: John Lothridge
Whip & Spoon
161 Commercial St
Portland, ME 04101

PERMIT ISSUED
WITH REQUIREMENTS

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

7-27-99

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

CEO DISTRICT
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