

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

Location of Construction: 109-215 Commercial St.		Owner: Granite Edge Limited Partners		Phone: 773-8422		Permit No: <b>990388</b>	
Owner Address: 61 Exchange St. P.O. Box 7526		Lessee/Buyer's Name: Portland, ME 04112		Phone: Granite Edge Mortgage		Business Name:	
Contractor Name: Cote Lindsay Assoc. Inc		Address:		Phone:		Permit Issued: <b>APR 30 1999</b> <b>CITY OF PORTLAND</b>	
Past Use: Vacant		Proposed Use: Office		COST OF WORK: \$ ?		PERMIT FEE: \$ ?	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group <b>B</b> Type: <b>313</b> <b>BOC 496</b>	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
Proposed Project Description: Interior Renovations to second floor				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____			
Permit Taken By: <b>JP</b>		Date Applied For: <b>20 April 1999</b>					

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**

## 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: **20 April 1999** 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

**Zoning Appeal**

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

**Historic Preservation**

☐ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

**Action:**

☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: \_\_\_\_\_

**CEO DISTRICT**

