City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 217-221 Commercial St. Permit No: 98 1 Phone: 217 Commercial St. 775-7442 Lessee/Buyer's Name: Phone: BusinessName: Owner Address: PER Cyrus Hagge 225 Commercial St. Portland, ME Suite 404 Permit Issued: Contractor Name: Project Management Address: 225 Commercial St. Phone: **E** 28 (44) COST OF WORK: **PERMIT FEE:** Proposed Use: Past Use: \$ 9,500 \$ 70.00 Restaurant Same FIRE DEPT. □ Approved INSPECTION: ☐ Denied Use Group: Type: **CBL**: 032-V-005 Signature: Signature: Zoning Approval: 0/< Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 26/Dec/98 Action: Approved Special Zone or Reviews: Interior Renovations. Construct new bathrooms Approved with Conditions: ☐ Shoreland and hallways. Remove existing stairs. Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 12/23/98 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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-☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 12/23/98 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