## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 217 Commercial St. Associates 217-221 Commercial Street 775-7442 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 225 Commercial Street Contractor Name: Address: Phone: 225 Commercial Street Cyris Hagge Porject Management COST OF WORK: PERMIT FEE: Past Use: Proposed Use: JUL 28 \$ 984.00 \$159,525 Office/retail FIRE DEPT. Approved INSPECTION: same Use Group: B/MType: 3B ☐ Denied CBL: 032-V-005 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT MA.D.) Action: Approved 5 interior office renovation and retail space work Approved with Conditions: on 1st, 2nd, 3rd 4th floors see attached plans □ Shoreland Denied П □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Blow want July 20, 1999 K. Κ. ドイム Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied \*\*Mail to Cyris Hagge **Historic Preservation** 225 Commercial Street □ Not in District or Landmark Portland ME 04101 ☑ Does Not Require Review Requires Review WITH RECLUREMENTS 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 proved with Conditions 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, ☐ Denied 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 SIGNATURE OF APPLICANT ADDRESS: 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