City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit N9 9 0 4 2 2 Location of Construction: Owner: Phone: One Union Street - 3rd Floor 774-1030 237 Associates Phone: Owner Address: Lessee/Buyer's Name: BusinessName: c/o Ram Asset Mangmt., 121 Middle St W.P. Stewart (tenant) Contractor Name: Address: Phone: **Allied/Cook Construction P.O. Box 1396, Portland ME 772-2888 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: Office Same \$19,800.00 \$ 120.00 FIRE DEPT. Approved INSPECTION: Use Group: Type: 3/ ☐ Denied CBL: 032-V-012 106CA 91 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC Tenant Fit-up Action: Approved Approved with Conditions: ☐ Shoreland 4/2 Denied ☐ Flood Zone Vé ☐ Subdivision New Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 04/30/99 U.B. Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... WITH REQUIREMENTS □ Denied **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review ☐ Requires Review **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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 04/30/99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE