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

Location of Construction:	Owner:		Phone:	Permit No9 80 595
1	and the first for the first fo			700370
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
	the second s			Pelmit Issued:
Contractor Name: Address: Phone: Address: Address: Address:				
		COST OF WORK	E PERMIT FEE:	JUN - 9 1998
Past Use:	Proposed Use:	\$	S 4 . 200	
			·	OTV OF DODTLAND
		FIRE DEPT.		CITY OF PORTLAND
			enied Use Group: Type:	Zone: CBL:
·		Signature:	Signature:	Zone: CBL: CBL:
Proposed Project Description:	<u> </u>		CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
				□ Special Zone or Reviews: □ □ Shoreland
transfer to the second second second				
			incu i	U Wetland
· · · · · · · · · · · · · · · · · · ·		Signature:	Date:	
Permit Taken By:	Date Applied For:		Dute.	☐ Site Plan maj □minor □mm □
		Charles Marks		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ Miscellaneous
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 informa-				
tion may invalidate a building permit and stop all work.				
				🗅 Denied
			PEDIA	
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation
				Not in District or Landmark Does Not Require Review
				□ Requires Review
				Action:
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,				
				1,
if a permit for work described in the application is				II Date:
areas covered by such permit at any reasonable ho	in to enforce the provisions of the code	(s) applicable to such p		
		DATE:		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
DEGDONGIDLE DEDGON IN CILLDEE OF WORLD				
RESPONSIBLE PERSON IN CHARGE OF WORK	s, mile		PHONE:	
White-Pe	rmit Desk Green–Assessor's Cana	ary–D.P.W. Pink–Pub	lic File Ivory Card–Inspector	