

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

Location of Construction: 45 Portland St		Owner: Steve Neuhoff		Phone:		Permit No: <b>960106</b>	
Owner Address:		Leasee/Buyer's Name:		Phone:		Business Name:	
Contractor Name: Alec Design		Address: 743 Broadway St. Portland, ME 04101		Phone:		Permit Issued: <b>FEB 22 1996</b>	
Past Use: vacant, office		Proposed Use: office		COST OF WORK: \$		PERMIT FEE: \$	
Proposed Project Description: rehab of existing building		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <b>4</b>		Use Group: <b>m</b> Type:	
				Signature: <i>[Signature]</i>		Signature: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved		Approved with Conditions: <input type="checkbox"/>		Denied: <input type="checkbox"/>	
		Signature:		Date:		Zoning Appeal: <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Permit Taken By: [Signature]		Date Applied For: 10 February 1996		Zone: <b>CBL: 033-C-022</b>		Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application doesn't 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..

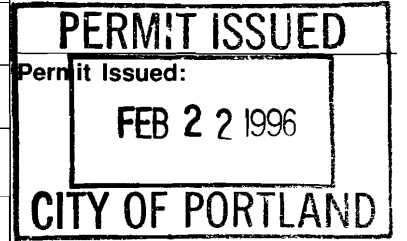
**CERTIFICATION**

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 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: *[Signature]* ADDRESS: DATE: 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



Zone: CBL: 033-C-022

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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: *[Signature]*

CEO DISTRICT

COMMENTS

960106

NO CRCLISTEN

3/1/01  
CRCLISTEN  
CRCLISTEN  
CRCLISTEN  
CRCLISTEN



Type

Inspection Record

Date

Foundation:

Framing:

Plumbing:

Final:

Other: