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

Location of Construction: 88 Preble St	Owner: Salvation	A D	Phone: 774-3604	Permit No: 9 8 0 7 0 7
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name: Barlo Signs	Address: Phone: 92 Industrial Park Rd Saco, ME 04062			Permit Issued: JUL - 2 1998
Past Use:	Proposed Use:	COST OF WOR	PERMIT FEE: \$ 71.20	CITY OF PORTLAND
Adult Rehab Center			Denied Use Group: Type	
Proposed Project Description: Proposed Project Description: PEDESTRIA Action:			Signature: ACTIVITIES DISTRICT (FALL) Approved Approved with Conditions:	Zoning Approvation Special Zone or Reviews:
Permit Taken By:	Date Applied For:	Signature:	Denied Date: 67	□ Wetland □ Flood Zone □ 3/98 □ Subdivision □ Site Plan maj □ minor □ mm □
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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. 				Zoning Appeal □ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
				Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review
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 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 29 2 2400 08 June 1998				ition, Denied
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE	Conon, D.D.W. Dial. D.	PHONE:	CEO DISTRICT