City of Portland, Maine – Building or Use Permit Applicati 3-389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:	<u>.</u>	Phone:	Permit No.970414
the states			*	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone	<u>.</u>	Permit Issued:
			er Den ge	MAY - 6 1997
Past Use:	Proposed Use:	COST OF WOR		
	rioposed Use.	\$	\$ 1 ² , 4 3	
t can the constant of the second s	Contract of Action of Stract Contract	FIRE DEPT. 🖬		CITY OF PORTLAND
			Denied Use Group: Type:	Zone: CBL:
		C: matura	Start Circumstant	
Proposed Project Description:		Signature:	Signature: CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
an a th a i i an an Anna			Approved [Approved with Conditions: [Special Zolle of Reviews.
			Denied	
		Signature:	Date:	
Permit Taken By:	Date Applied For:			🗌 🗆 Site Plan maj 🗆 minor 🗆 mm 🗆
Contraction and the second s				
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
2. Building permits do not include plumbing, septic or electrical work.				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work.				
				Denied Denied
5.00 March 1997				Historic Preservation
			In Pr.	□ Not in District or Landmark
The Shirt of the state of the s				Does Not Require Review
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್ಷತೆ			WITH RECUSSION	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,				
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 he	our to enforce the provisions of the cod	e(s) applicable to such	permit	Date:
i .				
	•	•	er y a se	
SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE:	-
And the of the beaution that is a state				
see all the second s				
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	CEO DISTRICT
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector				
Winte-relinit Desk Green-Assessor's Ganary-D.F.W. Fink-rubic rife Wory Gard-Inspector				