## 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 No: Goodwill 353 Cumberland Ave. 774-6323 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Contractor Name: Address: Phone: Maine Bay Canvas COST OF WORK: PERMIT FEE: 2 1998 Past Use: Proposed Use: 3,375 \$ 35.00 Retai1 Same **FIRE DEPT.** □ Approved INSPECTION: Use Group Type: 3/4 ☐ Denied BOCA 46 Zone: CBL: 033-K-001 B-3 Signature: Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Install Canopy/Awning Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 10-29-98 **u** sp **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 tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied Historic Preservation ☑ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions □ 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 10-29-98 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

CEO DISTRIC

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE