## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 Location of Construction: Owner: Phone: 354 Carlorel od Ave. Ind Floor days too Claude 111 industries of sarchers 8 3-3331 . TNO. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 1.50 Permit Issued: Contractor Name: Phone: Address: 771-3e17 313 P. O. AV. Airthanilleainem & Menteration **MAR - 1** 1999 COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ 55.00 \$ 5.500 Caratra **FIRE DEPT.** □ Approved **INSPECTION:** Ditter, Retail. Processing □ Denied Use Group: Type: CBL: the .... and a state Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Compensate sit double window openings on I declare at Action: Approved Special Zone or Reviews: Porchard Street corner. Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone Date: □ Subdivision Signature: □ Site Plan maj □minor □mm □ Permit Taken By: 50 Date Applied For: 14.72.39 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 ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** ☑ Not in District or Landmark PERMIT ISSUED ☐ Does Not Require Review WITH REQUIREMENTS □ Requires Review Action: CERTIFICATION ☐ Appoved □ Approved with Conditions 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 □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Jan 19 449 SIGNATURE OF APPLICANT 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

**CEO DISTRICT**