Location of Construction: 297 Cumberland Ave Permit No: 980988 Owner: Phone: 774-6304 Salvation Army Owner Address: Lessee/Buyer's Name: Phone: BusinessName: PERMI ISSUED SAA **Hermit Issued:** Phone: Contractor Name: Address: P.O. Box 809 Windham ME 04062 892-1415 Sprinkler Services SEP 1 100A COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: 27,000.00 \$ \$ 155.00 OF PORTLA CITY FIRE DEPT. D Approved **INSPECTION:** Same Commercial Use Group: □ Denied Type: Zone: CBL: 033-N-020 11 Jim-Signature: Signature: Proposed Project Description: Zoniĥa PEDESTRIAN ACTIVITIES DISTRICT (P. Approved Action: Π **Decial Zone or Re** Install sprinkler System Approved with Conditions: \Box □ Shoreland Denied □ Wetland Flood Zone Signature: Date: □ Subdivision Site Plan maj Ominor Omm D Date Applied For: Permit Taken By: 27 August 1998 MG Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. WITH REQUIREMENTS Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Interpretation □ Approved tion may invalidate a building permit and stop all work.. 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 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, Denied 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 28 August 1998 ADDRESS: DATE: SIGNATURE OF APPLICANT PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File lvory Card-Inspector

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