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: 980988
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Contraction of the second s				PERMIT ISSUED
Contractor Name:	Address:	Phone	e:	Pernit Issued:
Sprich Lee Services	P.C. Der 329 Albert	ur HE 14161	852-1415	SEP - 1 1998
Past Use:	Proposed Use:	COST OF WOR	1	
		\$ 27, uux.		
Longer to 181	ర్ జ చిల	FIRE DEPT. 🗗		CITY OF PORTLAND
			Denied Use Group: Type:	
		Signature:	Signature:	Zone: CBL: CD3-3-600
Proposed Project Description:			TIVITIES DISTRICT (P.A.D.)	Zoning Approval:
			Approved	
listel: apriabler system		Approved with Conditions:	□ Special Zone or Reviews: □ □ Shoreland	
			Denied	\Box \Box Wetland
			2	
		Signature:	Date:	
Permit Taken By:	Date Applied For:			Site Plan maj 🛙 minor 🗆 mm 🗆
A contract 2 y c		27 August 1	995.	7
				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 a	and stop all work			
			Pro	🗆 Denied
WITH REQUIREMENTS				Historic Preservation
				□ Not in District or Landmark
				Does Not Require Review
				□ Requires Review
			N.	Action:
	CERTIFICATION			
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,				een □ Appoved □ Approved with Conditions
if a permit for work described in the application				on,
areas covered by such permit at any reason				Date:
areas covered by such permit at any reason	able hour to enroree the provisions of the e	to such	i permit	
		280 MP2486 1995		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:	
Wh	ite–Permit Desk Green–Assessor's (Canary–D.P.W. Pink–Pเ	ublic File Ivory Card-Inspector	