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: ್ಟ ೬೮ - ೩೬೮ ಲಕ Like the or taking Leasee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Address: Phone: Contractor Name: - 1.11 Sec. 6.2 Land of the Sound COST OF WORK: PERMIT FEE: Past Use: Proposed Use: JUL 2 1 1994 \$ 3,000 i ... **FIRE DEPT.** □ Approved INSPECTION: Use Group: Type: ☐ Denied - Legingrate a forest and Zone: CBL: Signature: Signature: 📈 Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied ☐ Wetland well and the control of the control ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits do not include plumbing, septic or electrical work. **Zoning Appeal** □ Variance 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Miscellaneous tion may invalidate a building permit and stop all work... Conditional Use □ Interpretation □ Approved □ Denied **Historic Preservation** □-Not in District or Landmark ☐ Does Not Require Review ☐ 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 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

With Noth

CEO DISTRICT