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: 82 Hanover Street City of Portland Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Address: Phone: Contractor Name: **Atlantic Coast Contractors P.O. Box 10792 761-9468 **5** 1999 **5** 1999 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: \$38,000 \$ 210.00 Public Works Garage Same FIRE DEPT. P Approved INSPECTION: Use Group: 9 | Type: 26 ☐ Denied Zone: CBL: BOCA96 034-G-001 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Renovation to Public Works Garage Approved with Conditions: ☐ Shoreland Denied \Box □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: 3-29-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. 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 ☐ 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 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 3-29-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT