City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: Permit No: 13-3-3-6 000360 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Phone: Address: 7. . COST OF WORK: PERMIT FEE: Past Use: Proposed Use: APR 2 I \$ 4 35 **FIRE DEPT.** □ Approved **INSPECTION:** ☐ Denied Use Group: 13 Type: 509 Zone: CBL: BOC 499 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) a contract state Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: **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 3. 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 PERMIT ISSUED ☐ Requires Review WITH REQUIREMENTS 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 PHONE: SIGNATURE OF APPLICANT ADDRESS: DATE: WITH REOUIREMENTS

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE