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: 表现到一个 医动物的复数 មិស្សាស្ថាស្ត្រ ស្រាស់ពីសិក្សា Leasee/Buyer's Name: Owner Address: Phone: BusinessName: Video vie resoluti Suproprova i 1946 farrovar de drain, at the late t Contractor Name: Address: Phone: 730-6113 **MAY 1** 7 1996 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: _____C Arres 1 **FIRE DEPT.** □ Approved INSPECTION: CITY OF PORTLAND ☐ Denied Use Group: Type: W/ 12 - 200 Zone: CBL: 634-35 Bu Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. ... Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland FRANCE FRANCE (A & 4) Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: 在内面外 有效更多证明 14 Myt 1660 **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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** Mot 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 10 19 16 1 SIGNATURE OF APPLICANT AND ACCOUNTS ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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