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 9 9 36 2 137 Kennebec Street Ross Furman Owner Address: Lessee/Buyer's Name: Phone: BusinessName: One Star Long Distance Address: Phone: Contractor Name: Eastern Fire/Grinnell 885-1400 Scarborough, ME **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$ 11,363.00 \$ 75.00 Commercia1 Same FIRE DEPT. Approved INSPECTION: Use Group: B Type: 3B ☐ Denied CBL: 034-K-004 BOCA 96 Zone: Signatu Signature: 7 Proposed Project Description: Zoning Approval: CTIVITIES DISTRICT (A.D.) PEDESTR Action: Approved Special Zone or Reviews: Approved with Conditions: Fire Alarm Suppression System ☐ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 4-16-99 SP Zoning Appeal □Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 tion may invalidate a building permit and stop all work... □ Approved □ Denied ****Call for Pick Up 885-1400 Historic Preservation ☐ Not in District or Landmark **PERMIT ISSUED** ☐ Does Not Require Review WITH REQUIREMENTS ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-16-99 ADDRESS: DATE: SIGNATURE OF APPLICANT PHONE: 1 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