## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 137 Kennebec Street 04101	Owner: Ross Furm	an	Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name: One Star Long Distance	Phone: 207 e Inc. 761-4306	BusinessName:	PERMIT ISSUED
Contractor Name:Address:Phone: 207Thomas P. Morton15 Granite Lane Casco, ME 04015655-7777				Permit Issued:
Past Use:	Proposed Use:	COST OF WOR \$ 1,650.00	\$ 30.00	MAY 2 1 1999
Commercial	Same	FIRE DEPT. 🗗	Approved INSPECTION: Denied Use Group: Type:	ZONE: CBL: 034-K-004
Proposed Project Description:		Signature: PEDESTRIAN A	CTIVITIES DISTRICT (A.A.D.)	
Fire/Bugular Alarm System (Burglar Alarm System) Action: Approved (Action: Approved with Conditions: D				□     Special Zone or Reviews:       □     □ Shoreland       □     □ Wetland       □     □ Flood Zone       □     Subdivision
Permit Taken By: UB	Date Applied For:	5-18-99		□ Site Plan maj □minor □mm □
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>				<ul> <li>□ Variance</li> <li>□ Miscellaneous</li> <li>□ Conditional Use</li> <li>□ Interpretation</li> <li>□ Approved</li> <li>□ Denied</li> </ul>
				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review
				Action:
<b>CERTIFICATION</b> 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 bee 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				on, Denied
areas covered by such permit at any reasona	ble hour to enforce the provisions of the c	ode(s) applicable to such	permit	
		5-18-99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	CEO DISTRICT
Whi	te–Permit Desk Green–Assessor's C	Canary–D.P.W. Pink–Pເ	blic File Ivory Card-Inspector	