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: Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: 1998 COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: \$ **FIRE DEPT.** □ Approved INSPECTION: □ Denied Use Group: Type: Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: □Shoreland Denied □Wetland □ Flood Zone Signature: Date: □ Subdivision □ Site Plan mai □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 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 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 □ Approved with Conditions □ 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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