City of Portland, Maine - Building or Use Permit Application 289 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit N9 5 0 3 4 9 **Location of Construction:** Owner: Phone: 13. .. 70 . 10 . Owner Address: Leasee/Buyer's Name: Phone: BusinessName: Cupit Class of the a rest **Hermit Issued:** Contractor Name: Phone: Address: State of the state of the state of 1 6. APR 1 4 1995 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: and the state of t **\$** CITY OF PORTLAND 10000 FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: *1 . . 1 8 x 1,4 CBL: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN/ACTIVITIES DISTRICT (P.U.D.) Approved Action: Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied ☐ Wetland SINK COLLEGE OF HUMBERS COLUMN ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: State State 18 . Apr. 1 1/1/5 Zoning Appeal □ Variance This permit application doesn't 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 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied in state of the person with the entrant of Historic Preservation ☐ Not-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 4 34 34 35 344 SIGNATURE OF APPLICANT 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

COMMENTS
Jos Cheeled framing Wy
D. id Plumbing INSECK'en
Everything Congletted checkel eftinghter
Laterton & raily ORD win
Inspection Record Type Date
Foundation:
Framing:
Plumbing:

Final: ______
Other: _____