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

Location of Construction:	Owner:	5 13	Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Owner Address.	C.S.t. Technologies,			
ntractor Name: Address: Phone: 72-112b			Permit Issued:	
Past Use:	Proposed Use:	COST OF WOR	K: PERMIT FEE :	—
		\$	\$ 25.00	
Computer Service/Iraining	5.3820-0 -	FIRE DEPT. 🗆	Approved INSPECTION:	
			Denied Use Group: Type:	Zone: CBL:
		Signature:	Signature:	034A-C-00
Proposed Project Description:			CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:
			11	Special Zone or Reviews:
Complete trajection for Sc		••	□ □ Shoreland □ □ Wetland	
			□ □ Wetland □ □ Flood Zone	
		Signature:	Date:	□Subdivision
Permit Taken By: Hary Gradia	Date Applied For:			☐ Site Plan maj □minor □mm □
Bary Greek 03 August 1997				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous □ Conditional Use
3. 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.				
ġ				Denied
				Historic Preservation
				□ Not in District or Landmark □ Does Not Require Review
				Action:
CERTIFICATION				
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 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 ho				Date:
5 August 195;			_	
SIGNATURE OF APPLICANT Sarvey Nelts	ADDRESS:	DATE:	PHONE:	
REPONDER FRANKLINGE OF WOR				
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE:		
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector				

COMMENTS, Inspected 6, **Inspection Record** Туре Date Foundation: _____ Framing: _____ Plumbing: _____ Final: _____ Other: _____