

Location of Construction: Castle in the I	Owner:		Phone: 980246	Permit No:
Owner Address:	Lessee/Buyer's Name:	rtland Phone:	8793 7002 4 9 BusinessName:	PERMIT ISSUED
Owner Address.	Lessee/Buyer's Name.	Thone.	Businessivaine.	
Contractor Name:	Address:	Phone:		Permit Isamed: 9 1998
City of Portland	201			
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	CITY OF BODTI AND
Commercial		\$ 3,000	\$ 35.00	CITY OF PORTLAND
Commercial		FIRE DEPT. App	•	35-8-/
		☐ Den	ied Use Group: Type:	
		Signature: Hy	Signature:	Zone; CBL:
Proposed Project Description:			IVITIES DISTRICT (PAD.)	Zoning Approva
		Action: Approved		Special Zone or Reviews:
Re-enforcing roof			☐ Shoreland	
-		Denied		
				☐ Flood Zone
		Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By:	it Taken By: Sherry Pinard Date Applied For: March 13, 1998		1 Site Plan maj uminor umm u	
Shelly linara		1,02011 10, 1330		Zoning Appeal
1. This permit application does not preclude the	e Applicant(s) from meeting applic	able State and Federal rules.		☐ Variance ☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				☐ 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				□Approved
-				□Denied
				Historic Preservation
				☐ Not in District or Landmark
				□ Does Not Require Review
				☐ Requires Review
				Action:
	CERTIFICATIO	ON .		□Approved
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				
if a permit for work described in the application	is issued, I certify that the code off	ficial's authorized representative	shall have the authority to enter a	Date: 3-16-98
areas covered by such permit at any reasonable	hour to enforce the provisions of the	he code(s) applicable to such per	mit	Date. 3 16 12
The state of the s				
William Wart				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				[——]
RESPONSIBLE PERSON IN CHARGE OF WO	RK, TITLE		PHONE:	CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector