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: Parking lot next to Barking Squirrel/State St. Owner: Permit No: 9 9 1 2 6 777-7004 Deering Oaks BusinessName: Phone: N/A Owner Address: Lessee/Buyer's Name: N/A RFD # 2 Box 3050 Cotton Road Lewiston, ME 04240 Permit Issued: Contractor Name: *David W. Brown Address: Phone: N/A N/A MOV 17 Past Use: Proposed Use: COST OF WORK: PERMIT FEE: Ø 30.00 Parking Lot In **FIRE DEPT.** □ Approved INSPECTION: Same Deering Oaks ☐ Denied Use Group: Type: 035-1-001 Signature: Signature Zoning Approval: **Proposed Project Description:** PEDESTRIAN ACTIVITIES DISTRICT (P. Christmas Tree Sales from December 1 to December 22, 1999 Action: Approved Special Zone or Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 11-16-99 UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. □ Conditional Use 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 ***Mail To: David W. Brown RFD # 2 Box 3050 **Historic Preservation** Cotton Road □ Not in District or Landmark Lewiston, Maine 04240 □ 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 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 11-16-99 **SIGNATURE OF APPLICANT** ADDRESS: DATE: PHONE: 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** ub White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector