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: - 74-36 to 67 000137 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Contractor Name: Address: Phone: Past Use: Proposed Use: COST OF WORK: PERMIT FEE: FEB 2 4 \$114.000 · 41 · 2 FIRE DEPT. □ Approved INSPECTION: Use Group: 13 Type: 51 ☐ Denied Zone: BOCAGG Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA Action: Approved Special Zone or Reviews: STANFORM GLOVE & BE Approved with Conditions: □ Shoreland entimorator has a term Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Same of the second 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 □ 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 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: