## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit 19:80763 Owner: 565 Congress St 774-5541 Penelope Pachios Carson+ Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 04101 CMP 567 Congress St ermit Issued: Contractor Name: Address: Phone: JUL 16 1998 Atlantic Builders COST OF WORK: **PERMIT FEE:** Proposed Use: Past Use: 6,000.00 50.00 CITY OF PORT FIRE DEPT. Approved INSPECTION: Office Same Use Group: B Type: 2P ☐ Denied Zone Z CBL: BOCAG( 037-A-038 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Approved Action: Remove 3 non weight bearing office walls and add 2 non Special Zone of Rev Approved with Conditions: weight bearing office walls, adjust lighting. Add ☐ Shoreland Denied П kitchen storage, cupboards, new subfloor, & carpet □ Wetland ☐ Flood Zone 2M FLOOR □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: MG 13 July 1998 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 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-3. □ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Mot 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 13 July 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT

A. Rowe