City of Portland, Maine - Buildin	g or Use Permit Application	389 Congress Street,	04101, Tel; (207) 87	74-8703, FAX: 874-8716
Location of Construction: 549 Congress St	Owner: HEGA Realty	Phone:	¥	Permit No: 970780
Owner Address: leaves & Ptel	Lessee/B uye r's Name: Maine Army National	Phone: Busines	sName: - 995 ple	PERMIT ISSUED
Contractor Name: \ \ \mathcal{N} \in 04101	Address:	Phone:	call De pt	Permit Issued:
Past Use	Proposed Use:	COST OF WORK:	PERMIT FEE:	OLTY OF BODTLAND
recenting office	W sign	FIRE DEPT. Approved	INSPECTION: Use Group: Type:	CITY OF PORTLAND
	+ awning	Signature: LYY	Signature:	Zone CBL: 037 COL
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved.				OKWIT Reducti
event sign + an	Approved	with Conditions:	Special Zone or Reviews:	
		See Condition	w3 Date: 7/27/97	DFlood Zone
Permit Taken By:	Date Applied For:		Date: 4/11/1/1	☐ Site Plan maj ☐mmor ☐mm
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 				Zoning Appeal Variance Miscellaneous Conditional Use Interpretation Approved Denied
		THERMIT ISSUED		Historic Preservation ☑Not in District or Landmark ☑Does Not Require Review ☐Requires 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				□ Appoved
authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable how	as his authorized agent and I agree to con- issued, I certify that the code official's au	form to all applicable laws of the thorized representative shall ha	is jurisdiction. In addition,	□ Denied /
SIGNATURE OF APPLICANT	549 Congress St. ADDRESS:	7-/6-97 DATE:	780 995/ PHONE:	DA.
RESPONSIBLE PERSON IN CHARGE OF WORL	K, TITLE		PHONE:	CEO DISTRICT 7
White-Pe	rmit Desk Green-Assessor's Canar	y-D.P.W. Pink-Public File	Ivory Card-Inspector	1 P = 0
				Alone