

Location of Construction: <i>211 Congress St</i>		Owner: <i>State Mutual Life Co.</i>		Phone:		Permit No: 940676 <i>37-D-002</i>
Owner Address:		Leasee/Buyer's Name:		BusinessName:		
Contractor Name: <i>State Mutual Life Co.</i>		Address: <i>P.O. Box 104 Portland, ME 04104</i>		Phone: <i>763-1000</i>		Permit Issued: JUL - 6 1994
Past Use:		Proposed Use: <i>W/ht</i>		COST OF WORK: \$ <i>15.00</i> PERMIT FEE: \$ <i>15.00</i> FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group <i>B</i> Type <i>3B</i> Signature: <i>Hylles</i>		
Proposed Project Description: <i>... ..</i>		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: <i>[Signature]</i> Date: <i>[Date]</i>		Signature: <i>[Signature]</i> Date: <i>[Date]</i>		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

PERMIT ISSUED WITH REQUIREMENTS

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 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 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

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

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

CEO DISTRICT **5**
MR WING

COMMENTS

894 work completed as per
plan

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____