## 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: 450-9077 Pride Properties 364 Cumberland Ave. 000000 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 5 Maccabe Rd., Falmouth, ME 04105 Permit Issued: Phone: Contractor Name: Address: Michael Bush Asynchronous Engineering COST OF WORK: Proposed Use: PERMIT FEE: Past Use: \$ 400.00 **\$30.00** Commercial / Office/Workshop Commercial / Office FIRE DEPT. LA Approved INSPECTION: Use Group: B Type: 5/3 ☐ Denied Zone: CBL: BOC A44 037-D-003 Signature: Zoning/Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Install double door Special Zone or Reviews Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: August 4, 2000 GG Gayte Mike N. **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. ☐ 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.. □ Deni**g**d Historic Preservation \*\*\* Call Michael Pride @ 450-9077 Not in District or Landmark □ Does Not Require Review PERMIT ISSUED ☐ Requires Review WITH REQUIREMENTS 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 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, □ Denied 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

ADDRESS:

August 4, 2000 DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

SIGNATURE OF APPLICANT

PHONE:

**CEO DISTRICT** 

PERMIT ISSUED

WITH REQUIREMENTS