## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: PRIDE PROPERTIES 360 B CUMBERLAND AVE Lessee/Buyer's Name: Phone: BusinessName: \*\*\*\*\*THUY VU 497 WESTBROOK ST SOUTH PORTLAND\*\*\*\* 831-7900 Owner Address: 5 MACCABE RD FALOMOUTH ME Permit Issued: Phone: Contractor Name: Address: SAA COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 100\$0 **\$30.00** NAIL SALON OFFICE/WORKSHOP VACANT FIRE DEPT. Approved INSPECTION: Use Group: B Type: 5 5 ☐ Denied Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (N.A.D.) Action: Approved Approved with Conditions: CHANGE OF XXXX USE □ Shoreland. Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: DEC 14 2000 K **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 □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ 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** ☐ Approved ∠ 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 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 PERMIT ISSUED WITH REQUIREMENTS DEC 15 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE