## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No.9 9 0 0 1 8 Location of Construction: Owner: Phone: 1st floor Caleb Foundation 617-595-4665 10 Congress Sq. Plaza Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 400 Humphrey Street, Swampscott MA 10 Congress Square 01907 Permit Issued: Contractor Name: Address: Phone: 7 1999 Building Alternatives 181 Brackett Street Portland, ME 04102 775-0105 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 13,959 \$ 90.00 Computer CITY OF PORTLAN Adult Center FIRE DEPT. Approved INSPECTION: None ☐ Denied Use Group: Type: CBL: 037-E-003 BUCAGO Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Interior renovations on 1st floor. Action: Approved Approved with Conditions: □ Shoreland □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan / mai / fiminor ☐ mm ☐ Date Applied For: Permit Taken By: 12/31/98 **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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ 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 ☐ Appoved 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 ☐ Approved with Conditions □ 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 1/4/99 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT KC/TM RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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