

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 24 Preble		Owner: Scott B. Dow		Phone:		Permit No: 980204 <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED MAR 11 1998 CITY OF PORTLAND </div>	
Owner Address: 465 Congress St.		Lessee/Buyer's Name:		Phone:			Permit Issued: <div style="border: 1px solid black; padding: 5px; text-align: center;"> MAR 11 1998 </div>
Contractor Name: Atlantic Coast Construction		Address: Mike Albert P.O. Box 10792 Portland, ME 04104		Phone: 761-9468			
Past Use: Mixed use		Proposed Use: Retail/office		COST OF WORK: \$ 17,800.00 PERMIT FEE: \$ 110.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group 1/5 Type: 3B Signature: [Signature] Date: [Signature]			
Proposed Project Description: Interior Demo as per plans				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: [Signature] Date: [Signature]		Zone: B-3 CBL: 37-F-7 Zoning Approval: [Signature] 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"/>	
Permit Taken By: Vicki Dover		Date Applied For: 24 2/25/98				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

1. This permit application does not 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..

Grant Hayes - Assoc
P.O. Box 6179
Falmouth 04105

Call Mike w/ Questions
871-5900

**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 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

02 March '98 - Routed
 P.O. Box 6179, Falmouth, ME 04105 871-5900 2/25/98

SIGNATURE OF APPLICANT <i>Michael Hays</i>	ADDRESS:	DATE:	PHONE:
Michael Hays Grant Hays Associates			

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

Action:

- ☐ Approved
☐ Approved with Conditions
☐ Denied

Date: 3/2/98

CEO DISTRICT

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