City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit No: y 8 1 0 2 0 24 Preble St 773-5661 Pennesseewasee, LLC Owner Address: Scott & Mark Dow Lessee/Buver's Name: BusinessName: Phone: NW Mutual Life 465 Congress Ste 300 Arkadis Permit Issued: Contractor Name: Address: Phone: Maguire Construction, Inc. 634 North Rd Yarmouth, ME 04096 846-5105 SEP 1 1 1999 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 15,000.00 95.00 OF PORTLANI FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Vacant (Old Maine Hair Academy) Office Space CBL: Zone: 3 037-F-007 111m Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: 13 Change Use/Make Interior Renovations - First Floor ☐ Shoreland □ Wetland Area "B" ☐ Flood Zone ☐ Subdivision Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 15334 MG 31 August 1998 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... ☐ Denied **Historic Preservation** □ Not in District or Landmark **☑** Does Not Require Review ☐ Requires Review 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 □ 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 02 September 1998 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE:

CEO DISTRICT