## 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: 775-0229 Nevermore LLC \*\* 548 Congress Street 000123 Lessee/Buyer's Name: Phone: Owner Address: BusinessName: \*\*\*Maine Times\*\* 21 West Street Portland ME Permit Issued: Contractor Name: Address: Phone: Mathew Higgins Builders FFB 4 4 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$33.20 **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: 13 Type: 313 retil **СВ**І:н-001 630CA 96 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Signage building Approved with Conditions: ☐ Shoreland Denied ☐ Flood Zone 5 Signature: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Feb 7 2000 K K Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 2. 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-3. □ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **Historic Preservation** Not in District or Landmark WITH REQUIREMENTS WINDOWS 口的es Not Require Review □ Requires Review **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 Feb 7 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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