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:
480 Congress Street 2nd floor Owner Address:	Lessee/Buyer's Name:	Phone:	775–6561 BusinessName:	000127
SAA	N/A	N/A	N/A	Permit Issued:
Contractor Name: ***Walter Watson Fishman Realty	Address: 480 Congress St. Ptld,	Phone:	775-6561	remit issued.
Past Use:	Proposed Use:	COST OF WORK: \$ 5,000		MAR 1.7 ALD
Office	Same	FIRE DEPT. ☑ A _I	pproved inspection: Use Group of Type;	Zone: CBL: 037-I-004
D 1D 10		Digitature.	Signature: Hole	
Proposed Project Description: Office Fit Up.		Action: A _I	TIVITIES DISTRICT (P.X.D.) oproved oproved with Conditions: enied	Zoning Approval: Special Zone or Reviews: Shoreland Wetland
2nd flor		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By: KA	Date Applied For:	3-14-00		□ Site Plan maj □minor □mm □
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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. Please SEnd to: Fishman Realty Walter Watson 480 Congress Street Portland, Maine 04101 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 				on, ☐ Denied
areas covered by such permit at any reasonable.		3-14-00		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF WOR		PHONE:	WITH REQUIREMENTS CEO DISTRICT 2	
White_De	ermit Dock Groon Assessor's Ca	nani D.DW. Dink Duhl	ic File Ivon Card Inspector	UB U