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: 9, 7 0-7 3 4
	Elect Street Bly			
Owner Address:	Lessee/Buyer's Name:	• Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	/75-3604 Phone:	the they but a	Permit Issued:
		T Hone.		JAL 1/7 1997
Past Use:	Proposed Use:	COST OF WORK		
		\$	\$ 27.40	CITY OF PORTLAND
- Singl	Summer for an app	FIRE DEPT. 🗆 A		
		□ Denied Use Group: Type		Zone: CBL:
		o:		Zone: CBL:
Proposed Project Description:	I	Signature:	Signature: CTIVITIES DISTRICT (P.A.D	Zoning Approval:
r			approved	
			□ Special Zone or Reviews: □ □ Shoreland	
erent erstaden en ber Sister (Approved with Conditions: Denied	\Box \Box Wetland	
				□Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:	••••		□Site Plan maj □minor □mm □
	7.	/11/97		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. 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- tion may invalidate a building permit and stop all work				
tion may invaluate a bunding permit and stop				
1001 - 2012 - 300 - 21 P/L				Historic Preservation
				Does Not Require Review
				Action:
	CERTIFICATION	I		
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				
				er all
areas covered by such permit at any reasonable how	ur to enforce the provisions of the	code(s) applicable to such	permit	Date:
		7/11/97		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE:		
White–Pei	mit Desk Green–Assessor's	Canary-D.P.W. Pink-Pul	Dic File Ivory Card-Inspecto	r