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

Peoples Heritage Bank Contractor Name: Addres	Box 485 Scarborough, ME	Phone: N/A		Business	4-6000 sName:	Permit No: 000436
Peoples Heritage Bank Contractor Name: Addres	N/A s: Box 485 Scarborough, ME					1
Contractor Name: Addres	s: Box 485 Scarborough, ME			N/A	Α	
			Phone:		· *	Permit Issued:
		04070		883-5	5528	
Past Use: Propos		OST OF \$ 6,000			PERMIT FEE: \$ 60.00	
Office	Same	TRE DEP	T. De		INSPECTION: Use Group: Type:	Zone: CBL: and D and
Description		ignature:			Signature: Hoffen-	Zone: CBL: 038-B-002 Zoning Approval:
Proposed Project Description:					S DISTRICT (F.A.D.)	5/2/
Office Fit Up	A	Action:	A	oproved oproved v enied	vith Conditions:	Special Zone or Reviews. O □ Shoreland □ Wetland □ Flood Zone
	S	Signature:			Date:	□ Subdivision
Permit Taken By:	Date Applied For: 5-3-00)				☐ Site Plan maj ☐minor ☐mm ☐
ub		<u>-</u>				Zoning Appeal ☐ Variance
 This permit application does not preclude the Applican Building permits do not include plumbing, septic or el Building permits are void if work is not started within stion may invalidate a building permit and stop all work 	ectrical work. ix (6) months of the date of issuance		orma- *	PFD	la in	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
			. <i>l</i>	VITH RE	MIT ISSUED QUIREMENTS	Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:
CERTIFICATION						-Appoved Teg wed
I hereby certify that I am the owner of record of the named pauthorized by the owner to make this application as his autif a permit for work described in the application is issued, I areas covered by such permit at any reasonable hour to entitle	property, or that the proposed work is horized agent and I agree to confort certify that the code official's author	m to all apported	plicable l esentativ	laws of the	is jurisdiction. In addition,	□ Approved with Conditions □ Denied ←
		5-3-0	00			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	 		PHONE:	WITH PERMIT ISON
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		-			PHONE:	CEO DISTRICTE MENTS