## 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: ST Center St 3 % % Parthers Leasee/Buyer's Name: Owner Address: Phone: BusinessName: if Center St. Ptld HE Hill iria ibru iac 737-1516 Permit Issued Contractor Name: Address: Phone: AUG | 3 1996 PERMIT FEE: COST OF WORK: Past Use: Proposed Use: \$ 75.23 rastaurant d **FIRE DEPT.** □ Approved INSPECTION: three sides ☐ Denied Use Group: Type: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT ( Action: Approved Special Zone or Reviews: three wall-hainted signs - already fone Approved with Conditions: □ Shoreland 17\*x3\* 2.5\*1.5\* 1714171 Denied $\Box$ □ Wetland ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan maj ☐ minor ☐ mm ☐ Date Applied For: Permit Taken By: 1 63353 3/1/96 **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation Mot 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 issued, I certify that the code official's authorized representative shall have the authority to enter all Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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