City of Portland, Maine - Building	g or Use Permit Application	389 Congress	Street, (04101, Tel: (207) 8	874-8703, FAX: 8	874-8716	5
Location of Construction: 70 Center Street Staples School	L.L.C.	Phone: 828-8	3028	Permit No: 9 9	014	J	
Owner Address: Lessee/Buyer's Name: 161 John Roberts Rd. So. Ptld, ME 04106		Phone: BusinessName		sName:	PERMIT ISSUED		
Contractor Name: Cimino Construction Co.	Address: 125 Pleasant Hill Rd. Scar				Permit Issued:	1999	
Past Use: Office Space	Proposed Use:	* 75,000 FIRE DEPT.			CITY OF PO	RTLANI	D
office Space	Same		Denied	Use Group: B Type 31 BOC 4 96 Signature: Aufface	Zone: CBL: 38-1		
Proposed Project Description:			·/_/	S DISTRICT (PAD.)	Zoning Approval:	ts Feq.	te
Interior office Fit-Up to include - flooring, paint, & electrical.	Action: Approved Approved with Conditions: Denied		vith Conditions:	Special Zone or Reviews:			
		Signature:		Date:	Subdivision		
Permit Taken By: SP	Date Applied For:	2-11-99			□ 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. 					Zoning Appeal □ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied		
	***Call for P/U 883		PERMI WITH REQ	T ISSUED UIREMENTS	Historic Pres Not in District o Does Not Requi Requires Revie	r Landmark ire Review	, ke
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	is his authorized agent and I agree to con issued, I certify that the code official's au	form to all applicable thorized representations in the contraction of	le laws of the	is jurisdiction. In addition	n, Denied	Conditions	
		2-11-99					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:			
RESPONSIBLE PERSON IN CHARGE OF WORL	K, TITLE rmit Desk Green–Assessor's Canai	ry–D.P.W. Pink–Pı	ublic File I	PHONE:	CEO DISTRICT	2	. 20