City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 772-2992 Dictoar Associates 261 Commercial Street 001260 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: *** David Jellison Address: *** 35 Marry Oaks Lane Windham ME Phone: 2-9823 MILL Proposed Use: COST OF WORK: PERMIT FEE: Past Use: 108.00 \$ 14,000 FIRE DEPT. Approved INSPECTION: Office same Use Group: B Type; 3 P ☐ Denied CBL: 038-F-009 BOCA99 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Office Renovations Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K Oct 25 2000 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ Not in District or Landmark PERMIT ISSUED WITH REQUIREMENTS □ Does Not Require Review ☐ Requires Review Action: 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 ☐ Approved with Conditions □ 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 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 Oct 25 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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