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

				<del> </del>
Location of Construction: 269 Commercial St unit 271	Owner:  *** JKL LLC		Phone: 797-7635	Permit No:
Owner Address:  ** 267 Warren Ave Portland ME	Lessee/Buyer's Name:	Phone:	BusinessName:	000735
Contractor Name:	Address:	Phone	<u></u>	Permit Issued:
Toel George	RR1 Box 1651 Liming	ton ME 04049		
Past Use:	Proposed Use:	COST OF WOR	K: <b>PERMIT FEE:</b> \$ 54.00	JUL TO THE STATE OF THE STATE O
retail	same	FIRE DEPT.   Signature:	Denied Use Group: M Type  BOX 499 1 00	:3B Zone CBL: 038-G-002
Proposed Project Description:			CTIVITIES DISTRICT (P.A.D.	
Interior renovation	Approved with Conditions:		□ Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone □ Subdivision	
Permit Taken By:	Date Applied For:	Signature.	Date.	☐ Site Plan maj ☐minor ☐mm ☐
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				Zoning Appeal  □ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
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 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				ition, Denied Review And
		June 30 200	0	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	PERMIT ISSUED 1
White	-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-Pu	blic File Ivory Card-Inspecto	