Location of Construction:	Owner:	Phone:		Permit No:	0204						
48 Free St Lower Level		Fore River/Cotton St Assoc 772-6404									
Owner Address:	Lessee/Buyer's Name:	Phone: Busine	ssName:	PERMIT I	ISSUED						
	Harvand HEALTY										
Contractor Name:	Address:	Phone:		Permit Issued: -	2 1999						
**Gaudet Construction					C 1999						
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE:									
XXXNXX		\$ 45,000	\$ 245.00	CITY OF PO	ORTI AND						
Office	Same	FIRE DEPT. Approved	INSPECTION:		UNILAND						
011100	Bame		Use Group: B Type: 2B								
			BOCA96_101								
		Signature: UMV	Signature: Holle	B -5 03	8-1-018						
Proposed Project Description:		PEDESTRIAN ACTIVITI		Zonjng Approval							
		Action: Approved		1 010 5 A1199							
Interior Renovations				Special Zone of Reviews:							
		Denied		$D \square$ \Box Shoreland							
		Denied		□ Wetland							
		S:	1	Flood Zone							
		Signature:	Date:	□ Subdivision □ Site Plan maj							
Permit Taken By: SP	Date Applied For:	Date Applied For: March 31, 1999									
				Zoning A	Appeal						
 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. 				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation							
						□ Approved					
								PF	RMIT ISSUED	Denied	
							PENILIREMENTS				
				ERTIFICATION 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,				Historic Pre			
□ Not in District or Landmark □ Does Not Require Review □ Requires Review											
Action: Maye	int work,										
DAppoved											
		Denied									
		if a permit for work described in the application	is issued, I certify that the code official's					authorized representative shall have	ave the authority to enter all		
areas covered by such permit at any reasonable			2					Date:			
	^	**									
		April 1, 1999		_							
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:								
RESPONSIBLE PERSON IN CHARGE OF WO	RK TITLE		PHONE:								
KED ONOIDEL LENGON IN CHARGE OF WO			1 11VI 1L,	CEO DISTRICT							
White-F	Permit Desk Green–Assessor's Car	nary–D.P.W. Pink–Public File	Ivory Card–Inspector		L						

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

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