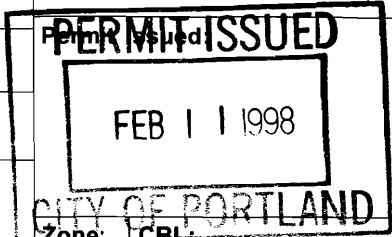


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 137 Plaza St (Unit 82)		Owner: Andrews, John & Co.		Phone:	Permit No: 980091
Owner Address:		Lessee/Buyer's Name:		Phone:	BusinessName:
Contractor Name: John T. Olson		Address: 271 May St Portland, ME 04113		Phone: 737-9414	
Past Use: Retail (Grocery)		Proposed Use: Office		COST OF WORK: \$ 500.00	PERMIT FEE: \$ 35.00
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Proposed Project Description: False interior renovations as per plans				Signature:	Signature:
Permit Taken By: Gary Landis		Date Applied For: 03 February 1998		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: Date:	



Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

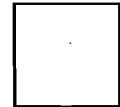
CERTIFICATION

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

SIGNATURE OF APPLICANT: *John Olson* ADDRESS: _____ DATE: 03 February 1998 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT



COMMENTS

2/20/98 Pb OK. Work all OK except for question on
pvc vent in wall. Can't be done. A.C.
2/27/98 Mr. Olsen told of need to change plumbing vent. A.C.
6/24/98 OK Completed. No c/o needed. A.C.

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____