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: John W. & Kathryn Moxhay-Rosenblum 131 Spring St BusinessName: Owner Address: Lessee/Buver's Name: Phone: 854 Crozet Ave Crozet, VA 22932 Permit Issued: Contractor Name: Address: Phone: 775-3269 Prostyle Design 142 High St Ste 501 Portland, ME 04101 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 26.60 INSPECTION: 5/9nage **FIRE DEPT.** □ Approved Health Clinic Same ☐ Denied Use Group: Type: CBL: Zone 039-A-030 Signature: Signature: Zoning Approval: 5 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: Install Signage □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP 26 March 1999 **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Not ip District or Landmark □ Does Not Require Review Requires Review Action: CERTIFICATION Appoved ☐ Approved with Conditions 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 □ 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 26 March 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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