## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 142 Free St Children's Museaum of Maine 980359 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: P.O. Box 4041 (4041)Ptld, ME 04101 828-1234 PERMIJ. ISSUED Address: Contractor Name: Phone: SAA COST OF WORK: **PERMIT FEE:** Past Use: Proposed Use: APR | 5 1998 43.00 **FIRE DEPT.** □ Approved INSPECTION: Museum Same Use Group: U Type: ☐ Denied BOC 496/ CBL: 039-B-003 Signature: 74 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A/A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Erect Signage Denied П □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Mary Gresik 27 March 1998 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. 2. □ 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 □ Does Not Require Review Hequires Review Action: **⊠**Appoved 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

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SIGNATURE OF APPLICANT Via Mail ADDRESS:

DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

**CEO DISTRICT**