City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Owner: Permit Noc 142 Free St Children's Museum of Maine Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued Contractor Name: Address: Phone: Children's Museum P.O. Box 4041 Ptld, ME 04101 828-5732 X240 OCT 2 D 1997 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 20.00 INSPECTION: U, FIRE DEPT. Approved Museum Same □ Denied Use Group: Type: CBL: BOCAGE Zone: 039-B-003 Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved O special Zone of Reviews Approved with Conditions: □Shoreland Erect temporary banner -Denied □ Flood Zone 144 ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐min Permit Taken By: Date Applied For: Mary Gresik 10 October 1997 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. ☐ Conditional Use 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 El Not in District or Landmark Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 10 October 1997 Brewster Buttfield ADDRESS: DATE: PHONE: PHONE:

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

CEO DISTRIC

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE