## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: 医克尔氏 医多种皮肤有色 清水 told Polarity Speak uplicative 970160 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 自己的 伊克克·蒙克·克克 马克·马克斯 医二甲基基甲基 Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: FEB 2 7 1997 **\$** 7. Barking tab FIRE DEPT. Approved 医内间畸形术 医多种原素原因 集殖者 INSPECTION: Use Group: Type: ☐ Denied ZGITY COE: PORTLAND Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Approved Action: Special Zone or Reviews: 化环烷酸盐 医化氯基 医水杨二氏病 电影 医克里特氏 医神经病 医神经病 医鼻孔 美国海绵 Approved with Conditions: ☐ Shoreland Denied $\Box$ □Wetland **できてく おうき うきょ もつき** ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 1. 11331 2/21/21 **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 ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Not in District or Landmark □ Does Not Require Review ☐ Requires Review Action: CERTIFICATION Dayogg 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT**

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