City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit Nº 9 9 06 1 Location of Construction: Owner: Phone: 7.73-6437 116 high Street ADrilana Sumberlane Club Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Address: Contractor Name: Phone: ** 53 Ocean Streat So. Portl ** Union Oil Co. 799-1571 JUN 1: 4 1999 PERMIT FEE: Past Use: Proposed Use: COST OF WORK: \$ 35.00 Samble Class 3ar **INSPECTION:** FIRE DEPT. Approved Use Group: Type: ☐ Denied Zone: CBL: BOCA CLA 639-A-67/ 1740 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTÍVITIES DISTRICT/(P.A/D.) Action: Approved Portale 3-330 Cal. Oil Tongs Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone □Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP June 10, 1999 KA 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** □ Not in 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 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, □ Denied 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 1988 10, 1700 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

COMMENTS

7/28/99- Inspected all tanks, connections, etc.	Lib is	done	GR.	
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			Inspection Record	
	Foundation: _	Туре		Date
	Framing:			
				-
	Other:			