City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: *** Robert Kimball Phone: 329-6070 Permit No: 133 Spring Street Owner Address: Lessee/Buver's Name: Phone: BusinessName: *** 1932 Broadway South Portland Permit Issued: Contractor Name: Address: Phone: SAA COST OF WORK: Past Use: Proposed Use: PERMIT FEE: u n zü**00** \$ 29,500.00 \$204.00 Multi family/store same FIRE DEPT. Approved INSPECTION: Use Group: 7-2Type 3/3 ☐ Denied Zone: CBL: 039-A-029 BOCA 94 Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (M.A.D.) Action: Approved Special Zone or Re fire damage floor repair Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Nov 13 2000 **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 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation tion may invalidate a building permit and stop all work... ☐ Approved ☐ Denied Historic Preservation □ Not in District or Landmark Doe Not Require Review Meguires Review Action: CERTIFICATION □ Appeved 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 authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable was 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 Nov 13 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector