

# City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Owner: <i>John Smith</i>		Phone: <i>771-5611</i>		Permit No: <b>9 80790</b>	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address:		Phone:			
Past Use:		Proposed Use:		COST OF WORK:		PERMIT FEE:	
				\$		\$ <i>25.00</i>	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>U</i>	
				Signature:		Use Group: <i>O Type</i>	
						<i>DOCA 95 319007</i>	
Proposed Project Description:				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: CBL: <i>040-01-004</i>	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval:	
				Signature: Date:		Special Zone or Reviews:	
Permit Taken By: <i>JO</i>		Date Applied For: <i>16 July 1998</i>				<input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

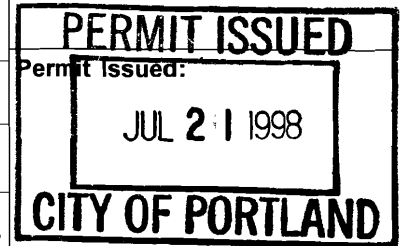
## CERTIFICATION

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 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

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



Zoning Appeal	
<input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Historic Preservation	
<input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
Action:	
<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Date: <i>17 July 1998</i>	

**Zoning Appeal**

☐ Variance  
☐ Miscellaneous  
☐ Conditional Use  
☐ Interpretation  
☐ Approved  
☐ Denied

**Historic Preservation**

☐ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

**Action:**

☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: *17 July 1998*

CEO DISTRICT 7