## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No Gliclee Printing 51 York St Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Upstream Permil Issued: Contractor Name: Address: Phone: Monaghan Woodworks 155 Falmouth St Portland, ME 04102 775-2683 AUG 1 9 1009 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 32,000.00 180.00 FIRE DEPT. Approved **INSPECTION:** Office Vacant ☐ Denied CBL: 040-C-030 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. Approved Action: Special Zone or Revie Approved with Conditions: □ Shoreland Sep Tenant Fit-up 2nd floor Denied ☐ Flood Zone ☐ Subdivision 5 Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: MG 30 July 1998 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. 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-3. ☐ Interpretation □ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** □ Not in District or Landmark ☐ Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS ■ Requires Review CERTIFICATION □Appoved Approved with C 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 ☐ 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 31 July 1998 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

KC/TA

**CEO DISTRICT** 

PHONE: