## 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: 51 York Street Gilcer Printing Co. Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 51 York Street, Ptld, ME 04101 Phone: 775-2683 Address: 155 Falmouth St, Ptld, ME Contractor Name: Manahan Woodworks 04102 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: OCT **I 6** 1998 \$ 10,500 \$ 75.00 Office same FIRE DEPT. Approved INSPECTION: Use Group: Type: 3/3 ☐ Denied BOCAG 40-c-30-31-Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Buildout of 2nd floor rear for colorworks studio Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Sp 10/9/98 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ 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-□ Interpretation ☐ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** Call for pickup □ 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 □ 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 10/9/98 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

**CEO DISTRICT**