City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Phone: Location of Construction: Permit No: Maires Printing And the state of the engine Owner Address: Lessee/Buver's Name: Phone: BusinessName: or rotal Street, Ring, No. 04101 PermATERNAT ISSUED Contractor Name: Address: Fallouth St. 8016, OF 0410. Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: OCT | 6 1998 \$ 10,500 \$ 75.00 1111 12.4.6.6 FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved sealest on the those rear for exhauste studio Special Zone or Reviews: Approved with Conditions: ☐ Shoreland П Denied □Wetland □Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 10/9/98 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 The last backup □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 10/5.35 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

10-26-98 checked From in		
10-26-98 checked Framing in the 2nd Floor Rear Right of on Seperation wall (TB)	K+ Place in with 21	1 4.12 2
Collect near travel of	n 10 Close IVI with 2 Rayers of	<u> </u>
on Seperation Wall (T.R.)		
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	Inspection Record	_
	Туре	Date
	Framing:	10-26.98
	Plumbing:	
	Final:	
	Other:	