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: wie Mr. Der forth St J. N. Striver 981383 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: As . Conscens St Postland CalCI Europena Charectica Phone: Contractor Name: Address: 157-141; Allo Alt Corolling 93 Watten Ave Portion of C4103 DEC - 9 1998 COST OF WORK: Past Use: PERMIT FEE: Proposed Use: \$ 9:51.90 \$ 60.00 FIRE DEPT. Approved INSPECTION: 10 25 miles Ortica Use Group: Type: ☐ Denied Zone: CBL: 0-001 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: lat theor only Approved with Conditions: ☐ Shoreland Denied 1-4 too spirt FVAC unit with dust work, ratural kas ifred □Wetland ☐ Flood Zone ... a sutrigerate pipies I duct heater □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 3 becauder in 1955 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 Well tor Historic Preservation □Not in District or Landmark And Air Conductions are □ Does Not Require Review SARCE BELLYON □ Requires Review 95 Street att Action: FOLLOW 14153 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 Marthaus 3.1 29. 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

CEO DISTRICT