## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 207-774-5908 \*\*20-36 Danforth St. Suite #213 04101 J.B. Brown & Sons Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 482 Congress St. PO Box 207 \*\*Jennifer Moore-Chris Dingwell Contractor Name: Portland, ME 04112 Permit Issued: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 0 1999 \$ \$ 30.00 Vacant Tattoo Studio FIRE DEPT. Approved INSPECTION: Use Group: B Type: 3B ☐ Denied CBL:<sub>040-D-001</sub> BOCATO Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Change of Use from vacant space (which was formerly a Action: Approved photographers studio) to a tattoo studio. Approved with Conditions: ☐ Shoreland ? Denied □ Wetland ☐ Flood Zone ☐ Subdivision 🎁 Signature: Date: ☐ Site Plan maj ☐minor ☐m Permit Taken By: Date Applied For: UB 8-23-99 **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-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied \*\*\*Send to: Jennifer Moore & Chris Dingwell 20-36 Danforth St. Suite #213 **Historic Preservation** Portland, ME 04101 □ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: **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 ☐ Approved with 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, □ Denied 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 8-24-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE:

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