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:** 991415
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name:	Address:	Phone:	**Permit Issued:** DEC 27 1999
Past Use:	Proposed Use:	**COST OF WORK:** $	**PERMIT FEE:** $
		FIRE DEPT. ☐ Approved ☐ Denied Signature:	**INSPECTION:** Signature Use Group: B/M Type: 3B BOCA 90 Signature:
Proposed Project Description:		**PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)** Action: Approved ☐ Approved with Conditions: ☐ Denied ☐ Signature: Date:	**Zone:** **CBL:**
Permit Taken By:	Date Applied For:		Zoning Approval:

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

Special Zone or Reviews:
- ☐ Shoreland
- ☐ Wetland
- ☐ Flood Zone
- ☐ Subdivision
- ☐ Site Plan maj ☐minor ☐mm ☐

Zoning Appeal
- ☐ Variance
- ☐ Miscellaneous
- ☐ Conditional Use
- ☐ Interpretation
- ☐ Approved
- ☐ Denied

Historic Preservation
- ☐ Not in District or Landmark
- ☐ Does Not Require Review
- ☐ Requires Review

Action:
- ☐ Appoved
- ☐ Approved with Conditions
- ☐ Denied

Date: _____

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 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

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

PERMIT ISSUED WITH REQUIREMENTS

CEO DISTRICT

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