Location of Construction: Owner: Phone: Permit No: 980298 Baxter Place Associates 305 Commercial St Owner Address: Lessee/Buyer's Name: Phone: BusinessName: ISSUED PERMIT Jameson Gallery & Frame 305 Commercial ST Ptld, ME 04101 Permit Issued: Contractor Name: Address: Phone: 772-5522 The Signery APR - 2 1998Proposed Use: **COST OF WORK: PERMIT FEE:** Past Use: \$ \$ 28.60 **CITY OF PORTLAN FIRE DEPT.** \Box Approved **INSPECTION:** Art Supply Gallery/Frame Shop □ Denied Use Goopper Type: Zone:2 CBL: 040-F-009 Hare. Signature: Signature: Zoning Approval Proposed Project Description: **PEDESTRIAN ACTIVITIES DISTRICT (** Action: Approved \Box Special Zone of Rev Approved with Conditions: KNANKAXNXXXX □ Shoreland Denied □ Wetland Erect Signage 18 Sq Ft □ Flood Zone Signature: □ Subdivision Date: Site Plan mai Dminor Dmm D Permit Taken By: Date Applied For: Marv Gresik 27 March 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use 3. □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Approved tion may invalidate a building permit and stop all work. Denied **Historic Preservation** □ Not in District or Landmark WITH REQUIREMENTS Does Not Require Review Bequires Review Action: Appoved CERTIFICATION □ 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 27 March 1998 XX Martha Gilmartin ADDRESS: DATE: PHONE: OF APPLICANT **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRIC** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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