City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: Location of Construction: Phone: Permit No: *** 260-262 Commercial Street Browne International Corp 766-2402 Lessee/Buyer's Name: Phone: BusinessName: Owner Address: SAA **** Browne Trading Market Address: 299 Forest Ave Portland Permit Issued: Phone: Contractor Name: 879-7700 The Signery COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$0 **\$** 73.80 INSPECTION: 519099 **FIRE DEPT.** □ Approved retail same ☐ Denied Use Group: ► Type: CBL: Zone: BOCA 99 _ ±041-A-015 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) Action: Approved Approved with Conditions: ☐ Shoreland 3x24, 3x23, 3x5, 9x7 signage Denied □Wetland ☐ Flood Zone □ Subdivision Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: K April 20 2000 K **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. ☐ Conditional Use □ Interpretation 3. 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 □ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: CERTIFICATION ☐ Appoved 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 Conditions ☐ 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 April 20 2000 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

CEREBOUTHESUED 1 WITH REQUIREMENTS

PHONE: