City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No Location of Construction: Phone: 315 Commercial St Union Oil Co Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 315 Commercial St- Ptld ME 04101 Permit Issued: Contractor Name: Address: Phone: Bx 1180 - Scarboro ME 04074 Portland Pump Co 883-4317 MAY 2 2 1997 COST OF WORK: Proposed Use: PERMIT FEE: **\$** 35 gas staion ab/grnd temp FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: tank Zone: CBL: 4/2 Signature: Zoning Approva Proposed Project Description: Action: Approved Special Zone or Revie Approved with Conditions: install a/g temporary tank - 10,000 glns ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: L Chase 5/21/97 **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 3. 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 Historic Preservation ☑Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review 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 Date: 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:

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

RGE OF WORK, TITLE

CEO DISTRICT

PHONE: