

Location of Construction: 313-407 Commercial St		Owner: Wilson, J.D.		Phone:	
Owner Address:		Lessee/Buyer's Name:		Phone:	
Contractor Name: Portland Pump		Address: P.O. Box 1109, Scarborough, ME 04074		Phone: 863-6017	
Past Use: Gas Station		Proposed Use: Same		BusinessName:	
Proposed Project Description: Remove 3 underground tanks Install 2 underground tanks/2-1/2" pipe		COST OF WORK: \$		PERMIT FEE: \$ 85.00	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Signature:		Signature:		Signature:	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature:	
Permit Taken By: David Gresham		Date Applied For: 17 June 1997			

Permit No. **970635**

PERMIT ISSUED

Permit Issued:
JUN 20 1997

CITY OF PORTLAND

Zone: CBL: _____

Zoning Approval: _____

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:

Approved
 Approved with Conditions
 Denied

Date: _____

PERMIT ISSUED WITH REQUIREMENTS

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: David Gresham ADDRESS: _____ DATE: 10 June 1997 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: _____ PHONE: _____

CEO DISTRICT