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: lafayette Assoc 828-1655 638 Congress St Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 000140 Scottsdale security SAA Permit Issued: Phone: Contractor Name: Address: ** 10 Buttonwood St So Portland 04106 *** Burr Signs L 0 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ 0 **\$32.00** FIRE DEPT. □ Approved INSPECTION: 519199 firm/office vacant ☐ Denied Use Group: Type: Zone; CBL: BOC 494 045-A-003 Signature: Proposed Project Description: Approva PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Main ID signage Approved with Conditions: ☐ Shoreland Denied П □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Feb 23 2000 K K **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. 2. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied PERMIT ISSUED WITH REQUIREMENTS **Historic Preservation** □ Not in District or Landmark □ Does Not Require Review ☑Requires Review Action: CERTIFICATION □ Appoved ☐ 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 Feb 23 2000 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector