City of Portland, Maine – Building or Use Permit Ar plication 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit N 140 inches St ្រាស់ 🕍 ស្រែង 🐧 761-5308 Owner Address: Lessee/Buver's Name: Phone: BusinessName: LAA AM SI Pela. L 64 (C2) Address: Phone: Contractor Name: 1. 17 5216 SEP 2 9 1998 **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: 5,410.00 45.09 INSPECTION: **FIRE DEPT.** □ Approved 27.586.35 ☐ Denied Use Group: Type: CBL: 045-4-618 Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied incorpainment from Force □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: mary break 09 March 1998 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 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 □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 59 tareon 1990 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

COMMENTS

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