City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Phone:		Permit No:	
1 Longfellow Square 04101	Center for	Cultural Exchange		1-0591	
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	Name:	7 9 2 - 7 1
1 Longfellow Square 04101					Barrata I.a.
Contractor Name:	Address: Phone:			Permit Issued:	
The Signery	Forest Ave. 04101	COOR OF WOR	¥7.	DED AM Provi	
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE:	
Culteral Center	Same	\$		\$ 44.40	
		FIRE DEPT. □	* *	INSPECTION:	
			Denied	Use Group: Type:	7
					Zone; CBL: 045-A-035 /
Proposed Project Description:		Signature:		Signature:	Zoning Approval:
Troposed Project Description.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		my 7mm 124/10	
Installation of 3 4'x		Approved	∐ ່ Special Zone or Revi€ws: ຼຸ		
	•				Shoreland Deb A: Planm
			Denied	l	□ Wetland Deb 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Signatura		Data	□ Flood Zone Correct
Permit Taken By:	Date Applied For:	Signature:		Date:	☐ Subdivision
UB/GD	gd	November 8,1999			Cucinstances
		November 0,1777			Zoning Appeal
1. This permit application does not preclude	the Applicant(s) from meeting applicable	State and Federal rules.			□ Variance I(/t)/
2. Building permits do not include plumbing, septic or electrical work.					☐ Miscellaneous
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					☐ Conditional Use ☐ Interpretation
tion may invalidate a building permit and stop all work					☐ Approved
may an entered a cumung permit and	r				□ Denied
	**	Please send to 1	P.O. box	4034 St.A	
		Portland, ME.	04101	160	Historic Preservation
				~~~~	☐ Not in District or Landmark ☐ Does Not Require Review
			ar	M' IN ION	Requires Review
			_ \	When down	
			'	~ 4,1~ /, 1/2 ~	Action: Needs lever
	CERTIFICATION			· Walling .	
I hereby certify that I am the owner of record o		d work is authorized by th	na owner of m	paged and that I was the	
authorized by the owner to make this applicati					
if a permit for work described in the application					11,
areas covered by such permit at any reasonabl				e are authority to effer a	III Date: 10 D. A 11/9/99
and the state of t	provided and e		L		
		November 8,1999			
CICNATUDE OF A DDI ICANT	ADDDECC.				- MA 1/15/99
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	'V''   \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE			PHONE:	CEO DISTRICT 1
					CEO DISTRICT
White	-Permit Desk Green-Assessor's C	anary-D.P.W. Pink-Pu	ıblic File İv	ory Card-Inspector	