

Location of Construction: 10 Park St		Owner: 100 St. Lawrence Ave.		Phone:	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name: RUE. Portland Map		Address: 100 St. Lawrence Ave. Portland, ME 04106 603-6317		Phone:	
Past Use:		Proposed Use:		BusinessName:	
Proposed Project Description: Remove concrete parking		COST OF WORK: \$		PERMIT FEE: \$ 20.	
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Permit Taken By: Mary Goss		Date Applied For: 11 Oct 94		Signature: _____	
		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Signature: _____ Date: _____	

Permit No:
941100

Permit Issued:

PERMIT ISSUED
 OCT 14 1994
 045 B 011

CITY OF PORTLAND

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: _____

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

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 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

11 Oct 94

SIGNATURE OF APPLICANT: _____ ADDRESS: _____ DATE: _____ PHONE: _____

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

CEO DISTRICT 2

MS Massa

COMMENTS

9/96 - No notification given - Work complete w/out
inspection - Closing out X

Inspection Record	
Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____