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:
And Section 21 Section 2. March 199				970595
Owner Address:	Lessee/Buyer's Name:		ssName:	PERMIT ISSUED
			Permit Issued:	
Contractor Name: Address: Phone: 754-24				
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	JUN 3 1997
*	_	\$	\$ 25.6	
tanan ang ang tang tang tang tang tang t		FIRE DEPT. Approved	INSPECTION:	CITY OF PORTLAND
		Denied	Use Group: Type:	
				Zone: CBL:
	·	Signature:	Signature:	Zoning Approval:
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved		Special Zone or Reviews:
			with Conditions:	□ Shoreland
and the second		Denied		□Wetland
		Size atom	Data	□ Flood Zone □ Subdivision
Permit Taken By:		Signature:	Date:	☐ Site Plan maj ⊡minor ⊡mm ⊡
Permit Taken By.	Date Applied For:			
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous □ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				
tion may invalidate a building permit and stop all work				□Approved
				□Denied
				Historic Preservation
PERAN				Does Not Require Review
PERMIT ISSUED WITH REQUIREMENTS				☐Requires Review
			-MENTC	Action:
	CERTIFICATION			DAppoved
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 is	ssued, I certify that the code official's	authorized representative shall ha	ave the authority to enter all	
areas covered by such permit at any reasonable hou	ir to enforce the provisions of the cod	e(s) applicable to such permit		Date:
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
				_
RESPONSIBLE PERSON IN CHARGE OF WORK	, TTTLE		PHONE:	
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				