## 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: 1.23 Company (1.25) 18. 8 W. 18. 18. 20 8 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 医生物素 建硫二硫化二甲二烷 经工程的 Contractor Name: Address: Phone: JUL 1 5 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 1.030 \$ 16.00 FIRE DEPT. □ Approved INSPECTION: ☐ Denied Use Group: Type: Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved PROGRAMMED LINES OF THE SHE HER Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐Flood Zone ☐ Subdivision # Date: Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: July 1, 100 A. **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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

My 99 OK for owner to resume work
My Gg OK for owner to resome work  on rear portain of unit + exterior walls  excludy the 3rd floor New rear portain Not  yet resolved by thistorial comm Board.  Must Mike Myest
excludy the zed floor New sear portion Not
yet resolved by Historial Com Board.
mut Mike Myest
9-23-99 went Frank at Building Sam gave ok to the
9-23-99 we met Frank at Building Som gave ok to the Plaster which is 3/4" thick and Said that this will be ok far the Fire Rating, but Lt. Mack will have to aprove what he Sumits
Fire Rating, But Lt. Mack will have to aprove what he Sumits
Lor Fire doores (FR)
10/00 Checked wale constated same use funts
Olose out pennet work done
muy

Inspection Record	
Туре	Date
Foundation:	
Framing:	
Plumbing:	
Final:	
Other:	