Location of Construction: Owner: Phone: Permit No: Doukas, William 879-7924 **671 Congress St Pt1d 04101 981440 Lessee/Buyer's Name: Phone: Owner Address: **BusinessName:** 193-197 State St Pt1d 04101 Tong Savaun Rermit Issued: Contractor Name: Address: Phone: **E 2 3 199**8 **COST OF WORK: PERMIT FEE:** Past Use: Proposed Use: \$ \$ 4,000 45.00 Office Bakerv FIRE DEPT. Approved INSPECTION: OF PORTI Cľ Use Group: F/ Type: 3B □ Denied Zone: CBL: 046-C-013 BOCA96-1 Signature: Signature: Ho Zonting Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT .D.) Change of Use from Africa (H& RBLock) Approved Action: Special Zone or Re Donut Shop to Bakery Approved with Conditions: □ Shoreland Denied Interior Renovations □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Date Applied For: Permit Taken By: SP December 15, 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. Denied PFRMIT ISSUED **Historic Preservation** □ Not-In District or Landmark WITH REQUIREMENTS Does Not Require Review □ Requires Review Action: CERTIFICATION □ 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 to Debr 12/12/98 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit December 15, 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: KC/TM **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

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