City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No. 9 9 0 0 0 2 Phone: 3-5 Deering Ave Michael D. Sangillo 775-2230 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: ** Noreen Chunga 118 Brackett St 04101 803 Forest Ave Pt1d 04103 Permii (ssued: Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 25.00 Food Store Salon. INSPECTION: FIRE DEPT. Approved Use Group: R Type: ☐ Denied Zone BOCA 9K Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Approved with Conditions: ☐ Shoreland PC Change of Use Denied ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor Permit Taken By: Date Applied For: SP December 30, 1998 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ 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 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 ☐ Approved with Conditions □ 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 December 31, 1998 SIGNATURE OF APPLICANT DATE: PHONE: **ADDRESS:**

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE:

2 KC/TM