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: Q Flat Workstone to Owner Address: Lessee/Buver's Name: Phone: BusinessName: Phone: Contractor Name: Address: 4033 Misevic 13E 7/3-6481 AUG 1 7 1998 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 25.00 **FIRE DEPT.** □ Approved INSPECTION: olife/Dwelifax indute / Daw inter-Use Group: Type: ☐ Denied Zone: 347-6-6-6 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Amend Perwit #950036 Approved with Conditions: ☐ Shoreland 4 Denied П □Wetland minor changes to trigitual plane as per submittale ☐ Flood Zone at the without ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 147 August 1993 **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** mate To: In at St. John □ Not in District or Landmark 439 Coshress St ■ Does Not Require Review □ Requires Review 0410. 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 To August 1993 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 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

Other: ____