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

Location of Construction:	Owner:	Pho	ne:	Permit No: 980386
Owner Address:	Lessee/Buyer's Name:	Phone: Busi	inessName:	PERMIT ISSUED
Contractor Name: Address: Phone:			Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK:	PERMIT FEE:	APR 2 1 1998
		FIRE DEPT. Approv	ed INSPECTION:	CITY OF PORTLAND
		Denied	Use Group: Type:	Zone: CBL:
Proposed Project Description:		Signature: PEDESTRIAN ACTIVI	Signature: TIES DISTRICT (P.A.D.)	Zoning Approval:
ζ.», η		Action: Approv Approv Denied	ed and the conditions:	□ Shoreland
Permit Taken By:	Date Applied For:	Signature:	Date:	□ Subdivision □ Site Plan maj □minor □mm □
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 				Zoning Appeal
		WI	PERMIT ISSUED TH REQUIREMENTS	Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☑ Requires Review Action:
CERTIFICATION 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 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				□ Appoved □ Approved with Conditions □ Denied Date:
and the stopped of the state of the				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF WORK	rmit Desk Green–Assessor's	Canany_D PW Dink_Bublic Fil	PHONE:	

COMMENTS yet work Not Mulin statek ence and Up **Inspection Record** Туре Date Foundation: Framing: _____ Plumbing: _____ Final: _____ Other: _____