## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit N 9 8135 4 Location of Construction: Owner: Phone: Owner Address: Lessee/Buyer's Name: Phone: BusinessName: The second second Phone: Contractor Name: Address: 1.1 4.2 (25.5) DEC - 3 1998 **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: Contract to the second second Carry Control of the Control FIRE DEPT. TApproved INSPECTION: ☐ Denied Use Group: Type: CBL: Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland Button Carlo D. Marieretta C. C. Commission of □Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Tom goth ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

**CEO DISTRICT** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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Inspect	ion Record

Туре	Date
Foundation:	·
Framing:	
Plumbing:	
Final:	

Other: \_\_\_\_\_