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

Location of Construction:  189-201 Park Ave  Owner:  Maine center of th				Blind Ph		424	Permit No: 1 2 2 4
wner Address: Le SAA		Lessee/Buyer's Name:		Phone:		sName:	
Contractor Name: *** Bradford Post **** 761-9424***	Phone:			Permit Issued: OCT 3 ()			
Past Use: blind school		same		COST OF WORK: \$ 170,000  FIRE DEPT. □ App □ Deni  Signature:		<b>PERMIT FEE:</b> \$1,050.00	
						•	Zene: CBL: 052-C-003
Proposed Project Description:	1		PEDESTR	IAN AC	TIVITIE	CS DISTRICT (P.A.D.)	Zoning Approval:
— remodeling of basement floor area —				Action: Approved			Special Zone or Reviews.  Shoreland Wetland Flood Zone
			Signature:			Date:	□ Subdivision /10/27/4
Permit Taken By: JA	Date Applied For: Oct 23 2000						□ Site Plan màj ʿu/hinor ⊡u/hm ʿi Zoning Appeal
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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.</li> </ol>							☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
					P WIT	<sub>ERMIT</sub> ISSU <b>ED</b> H REQUIRE <b>MEN</b> TS	Historic Preservation  ✓ Not in District or Landmark  □ Does Not Require Review  □ Requires Review
							Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	s his auth	orized agent and I agree to conforcertify that the code official's auth	m to all ap orized repr	plicable esentativ	laws of th e shall ha	is jurisdiction. In addition,	□ Denied
		00	t 24 20	00 K			
SIGNATURE OF APPLICANT		ADDRESS:	DATE:			PHONE:	PERMIT ISSUED WITH REQUIREMENTS
RESPONSIBLE PERSON IN CHARGE OF WORL	K, TITLE					PHONE:	CEO DISTRICT 3
White-Pe	rmit Des	k Green–Assessor's Canary-	D.P.W. P	ink–Pub	lic File	lvory Card-Inspector	