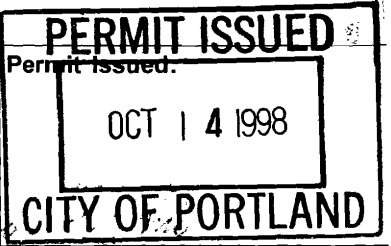


City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:		Owner:		Phone:		Permit No: 981186	
Owner Address:		Lessee/Buyer's Name:		Phone:		Business Name:	
Contractor Name:		Address:		Phone:		Permit Issued:	
Past Use:		Proposed Use:		COST OF WORK: \$ 15,000.00		PERMIT FEE: \$ 100.00 + 1.00% = 151.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
		Signature:		Signature:		Zone: CBL: 54-0-004	
Proposed Project Description:				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>			
Permit Taken By:				Date Applied For:			
				Signature: Date:			



Zoning Approval:

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

PERMIT ISSUED WITH REQUIREMENTS

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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved
 Approved with Conditions
 Denied

Date: _____

CEO DISTRICT

COMMENTS

10/11/00 Work done on sewer system permit
issued related fee charged
checked plumbing relocation of lines water
& supply / MW

3/14/01 Work Completed (C)

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____