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: 99025 5
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	DEDMIT ICCLIED
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Contractor Name:	Address: Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF WOR	K: PERMIT FEE:	MAR 2 5 1999
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		FIRE DEPT.	Approved INSPECTION:	LITY OF PORTLAND
			Denied Use Group Denied Use Group Denied	Zone: CBL:
		Signature:	Signature: The	
Proposed Project Description:		CTIVITIES DISTRICT (P.A.D.)	Zoning Approval:	
		Action:	Approved E	Special Zone or Reviews:
a an tas ⊷ nati VAQa		Approved with Conditions:	□ Shoreland	
			Denied [□ Wetland □ Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				
				□ Conditional Use □ Interpretation
 Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work 				
PERMIT ISSUED WITH 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				
				I, □Denied
				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:			_	
SIGNALURE OF ALL EICANT	ADDRESS.	DALE.	THOME.	
DESDONSIDI E DEDSON IN CUADCE OF WO			DUONE	_
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector				

COMMENTS . with regardin allel nà owner mulan **Inspection Record** Туре Date Foundation: Framing: _____ Plumbing: _____ _____ Final: _____ Other: _____