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: bil Comeren St KAR Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Address: Phone: -1/14 Contractor Name: weathful to dice 633 Complex 12 SEP 1 2 1997 4101-35.4 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: LEADING PARLUE musicads beat. ☐ Denied Use Group: Type: & Backling touse Zone: CBL: . 1155-a-535 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland ← though the have interior and the over the Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Long Witting if achtechnic into **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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 3. ☐ Approved tion may invalidate a building permit and stop all work... □ Denied PERMIT ISSUED WITH REQUIREMENTS Historic Preservation ☐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: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

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Final:Other:	Foundation: Framing: Plumbing:	Inspection Record Type			Miss war of the	celuna	fub 3 PAB- Wolf flus not Shired yet.
		Date					