City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No 0 062 0 Phone: Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued Address: Phone: Contractor Name: Pine whom . Pa. Morrow JUN | 5 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ \$ 345.11 S. ... FIRE DEPT. Approved INSPECTION: □ Denied Use Group: Type: Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) .. p l'agrennitie ble.. Action: Approved Special Zone or Reviews: in the state of th Approved with Conditions: □Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 18 C 1 , 1 15 7 GA **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 ☐ 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 **PERMIT ISSUED** WITH REQUIREMENTS 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: 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

War Cheeled Stathworms with slumber
199 Cheeled Vathrooms with plumber 243 rd floor under renovation 190th in progress now
good in proves new
9-899 Told tenant that stain medice to
be fixed to code & hand rails veeded
be fixed to code & hand rails weeked mules
10.14-41) Tephanie from Kices office called and asked about a
Time Frame on Instaling The Grease trap I told her Befour I Issue a cofo It Shall Be Instaled and that The Rear Stairs Need to Be Rebuilt to code No waver is going to be cranted per M. Nugent, and Sprinkler System Shall Be charged + tested TD
a copo It shall Be Instaled and that The Rear Stairs Need to Be Rebuilt
to code No waver is going to be Granted per M. Nugent, and Sprinkler
System Shall Be charged + tested (TR)
11-12-94 Did inspection all Items have Been addressed Except
the sprinkler system has not Been complexied. (TR)
11-12-94 Did inspection all Items have Been addressed Except the Sprinkler System has not Been complexed. (TR) 11-25-99 mac said of on First Floor only ocupancy. (TR)

Inspection Record		
Type		Date
Foundation:		
Framing:		
Plumbing:		
Final:		
Other:		