

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

Location of Construction: 100 State St. 3rd Floor		Owner: 100 State St. 3rd Floor		Phone:		Permit No 990024	
Owner Address: 100 State St. 3rd Floor		Lessee/Buyer's Name: 100 State St. 3rd Floor		Phone:		Business Name:	
Contractor Name: 100 State St. 3rd Floor		Address: 100 State St. 3rd Floor 04101		Phone: 207-7909		<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: JAN 12 1999 CITY OF PORTLAND </div>	
Past Use:		Proposed Use: RETAIL/COMM		COST OF WORK: \$ 500 PERMIT FEE: \$ 15.00		INSPECTION: Use Group: Type:	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied			
				Signature: <i>[Signature]</i>		Signature:	
Proposed Project Description: Design of 100/100 State St. 3rd Floor				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: Date:		Zoning Approval: Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: SP		Date Applied For: JAN 12, 1999					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

**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:

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

Zoning Appeal

☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation

☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

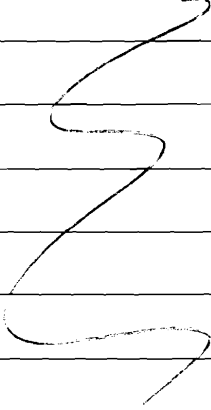
☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

CEO DISTRICT

COMMENTS

5/1/00 - all work appears to be done IAW permit. Change of Use.
Close out Jan 11



Inspection Record

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