City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 7 0 9 8 9 Location of Construction: Phone: / Will May 11 fit. Street, Chronech 7. 40. 14.44 Owner Address: Lessee/Buver's Name: Phone: BusinessName: Address: Phone: Contractor Name: SFP | 5 1997 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 110 \$30,00 FIRE DEPT. □ Approved INSPECTION: 'a sau car dweiling Sales Williams ☐ Denied Use Group: Type: Zone: CBL: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: TOLD'S AND WEST THERE AS THE DIE ... Approved with Conditions: ☐ Shoreland Denied П □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 1/2/57 Vacility 67 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 □ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ 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 Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions ☐ 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 ADDRESS: SIGNATURE OF APPLICANT 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

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