

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

Location of Construction: *** 58 Pine Street		Owner: Portland West Inc.		Phone: 775-0105		Permit No: 000993
Owner Address: 181 Brackett St		Lessee/Buyer's Name: ***** I Love Flowers		Phone:		
Contractor Name: Scarborough Signs		Address: 883-6796		Phone:		Permit Issued: SEP 11 2000
Past Use: Florist		Proposed Use: same		COST OF WORK: \$		
				PERMIT FEE: \$31.30		Zone: B-1 CBL: 056-C-005
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
				INSPECTION: 5/9/00		Zoning Approval: N/A 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
				Signature: [Signature]		
Proposed Project Description: sidewalk sign				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied
				Signature: _____ Date: _____		
Permit Taken By: K		Date Applied For: Sept 5 2000 K				

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..

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: **xxxx Sept 5 2000** 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

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

PERMIT ISSUED
W/REQUIREMENTS
CEO DISTRICT **3**