City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: *** OPM INC Location of Construction: Phone: Permit No: 271 SPRING ST Owner Address: Lessee/Buyer's Name: Phone: BusinessName: *** 400 ALLEN AVE PORTLAND 04103 Permit Issued: Phone: Contractor Name: Address: DAVID KINGSLEY 400 ALLEN AVE DEC | 9 2000 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: \$ 300.00 **\$** 30.00 FOUR UNIT FIVE UNIT FIRE DEPT. Approved INSPECTION: Use Group: A 2Type 5 ☐ Denied CBL: 056-G-Signature: lignature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (A.D.) Action: Approved Special Zone or CHANGE OF USE FROM 5 UNIT TO 4 UNIT REMOVE KITCHEN Approved with Conditions: □ Shoreland Denied П □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj u□minor □mm □ Permit Taken By: Date Applied For: DEC 12 2000 K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous 2. 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 **Historic Preservation** PERMIT ISSUED WITH REQUIREMENTS □ Not in District or Landmark ☐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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit DEC 12 2000 K PHONE: SIGNATURE OF APPLICANT ADDRESS: DATE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** 3

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