City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-871.

Location of Construction:	Owner: Phone:				Permit No:
<u>6-8 May St.</u>	y St NCCS, Inc.				
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	
696 Congress St. Portland	Address:				Permit Issued:
Contractor Name:	P	Phone:		Fermit issued.	
Past Use:	Proposed Use:	COST OF W	COST OF WORK: PERMIT FEE:		
Past Use:	Proposed Use:	\$	UNIX.		
				\$50.00	
6 Fam	Same	FIRE DEPT.		INSPECTION:	
			□ Denied	Use Group: Type:	Zone: CBL:
		C'		0	R=6 57=B=016
Proposed Project Description:		Signature:		Signature:	Zoning Approval:
Toposed Troject Description.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
	Action: Approved			_ Opecial Zolie of Neviews.	
Miscellaneous Appeal	Approved with Conditions:				
(func div)		Denied	UWetland		
		Street and Date			□ Flood Zone □ Subdivision
		Signature:		Date:	□ Subdivision □ Site Plan maj □minor □mm □
Permit Taken By:	Date Applied For:	- 17 0 1000			
Vicki Dover April 9, 1998					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□ Variance
2. Building permits do not include plumbing, septic or electrical work.					
					Conditional Use
3. 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					
				1	Historic Preservation
	□ Not in District or Landmark				
APPEAL DENILL 4/23/98					Does Not Require Review
					Requires Review
					Action:
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					II Date:
areas covered by such permit at any reasonable ho	our to enforce the provisions of th	e code(s) applicable to s	such permit		
Annuas Vinel					
SIGNATURE OF APPLICATE Alloway	ADDRESS:	DATE:		PHONE:	—
11 110 - 9					
•					
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE			PHONE:	
18/L-14_ P-	mit Deck Crean Assessments			hear Cand Incorrect.	
white-Pe	rmit Desk Green-Assessor's	Canary-D.P.W. Pink		ivory card-inspector	