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

Location of Construction:	Owner:		Phone:	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001210
14. Hab diment, Cottined,	Lessee, Dayer Strane.	T Hone.	Dusmessi tume.	
Contractor Name:	Address: 5 Converses, Supher:	Phone:	1 **++541:	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK	: PERMIT FEE: \$ 30. 70	
all indly	Cales Press.	FIRE DEPT. DA		-
٤.	λ	De	BOCAGAINA	Zone: CBL: 57-3-04
Proposed Project Description:	.	Signature: PEDESTRIAN AC	Signature: Zoffsen CTIVITIES DISTRICT (A.D.)	Zoning Approval:
		Action: A	pproved 00 🛛	Special Zone or Reviews:
encodments to permit 3 0001000			pproved with Conditions:	□ Shorëland
			enied 🛛	□ Wetland □ Flood Zone
		Signature:	Date:	🗆 Subdivision 🗠
Permit Taken By:	Date Applied For:	10.1902 15, 190	f. (Site Plan maj Dminor Dmm D
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ Miscellaneous
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 informa-				□ Interpretation
tion may invalidate a building permit and stop all work				Approved Denied
				en ar tole Asia Andre pre
				Historic Preservation
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				□Requires Review
PERMIT ISSUED WITH REQUIREMENTS				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				□ Approved with Conditions
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				Date:
areas covered by such permit at any reasonable not	ar to entorce the provisions of the code(s) applicable to such p		
an anna 19 Anna 19 Anna 19 Anna 19				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				WITH DEST ISSMED
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE	· · · · · · · · · · · · · · · · · · ·	PHONE:	PERMIT ISSWED WITH REOLIDE CEO DISTRICTEMENTS
White_Pe	rmit Desk Green–Assessor's Canar	-DPW Pink-Pub	lic File Ivory Card-Inspector	-113