City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 8746 414

Location of Construction:	Owner:		Phone:	Permit No:
1. 4. Frank 2 4. 4 5 3 4 5	ะ และ มีปีเกม		279-9.4	PERMIT ISSUED
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone		Permit Issued: # 1990
	Live and the St. File.	, is CARD	575-5651	SEP 1 5 1998
Past Use:	Proposed Use:	COST OF WORK	K: PERMIT FEE:	
	r	\$ 560.00	。 5.4%	CITY OF PORTLAND
3×1	- Art -	FIRE DEPT.	Approved INSPECTION:	CITT OF FUNICARD
			Denied Use Group: Type:	
				Zone: CBL: 228 - us / - un Cl.
			Signature:	Zoning Approval:
Proposed Project Description:			CTHVITIES DISTRICT (P.A.D.)	
			Approved E	
			Approved with Conditions:	
fore where e terms that stope	- kubulat storck		Denied E	□ Wetland □ Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
remit taken by.	2pp	31 weast 14;	ý 1	· · · · · · · · · · · · · · · · · · ·
1 This remain application does not proclude the	Applicant(a) from masting applicable	a State and Federal rules		Zoning Appeal
1. This permit application does not preclude the A		e State and Federal fules.		
2. Building permits do not include plumbing, se				□Conditional Use
3. Building permits are void if work is not started		issuance. False informa-		
tion may invalidate a building permit and stop	o all work			Approved Denied
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation
	Deep Not in District or Landmark			
	Does Not Require Review			
				Action:
	CERTIFICATION			
I hereby certify that I am the owner of record of the		d work is authorized by the	e owner of record and that I have bee	• •
authorized by the owner to make this application a				
if a permit for work described in the application is	5 5	1.	5	
areas covered by such permit at any reasonable ho	ur to enforce the provisions of the c	ode(s) applicable to such	permit	Date:
		GB General Mag		
SIGNATURE OF APPLICANT	ADDRESS:	Gi berteber 1940 DATE:	PHONE:	- <u> </u>
RESPONSIBLE PERSON IN CHARGE OF WORK			PHONE:	_
KESPUNSIBLE PERSON IN CHARGE OF WORK	X, IIILE		PHONE:	
White–Pe	rmit Desk Green–Assessor's C	anary–D.P.W. Pink–Pul	blic File Ivory Card-Inspector	

COMMENTS

C	OMINIEN 15		
9-17 Spope with contracts * call neyt week when work a 116/10 Complete as per ptms OK. to	n about ist. &	e will get	back
* call next week when work a	tarts		0
11/6/60 Complete as per ptus OK, to	Close In		
	<i>y</i>		
	T		
	Туре	nspection Record	Date
	Foundation:		
	Framing:		
	Plumbing: Final:		
	Final: Other:		