## City of Portland, Maine – Building or Use Permit Application 3. Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:	* · •	Phone:	Permit No <b>3</b> 51005
· · ·			17.4	
Owner Address:	Leasee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phon		Permit issued:
Contractor Name.	Address.	FIIO	IC.	
Past Use:	Proposed Use:	COST OF WOR	RK: PERMIT FEE:	
	A STANK AND	\$ 5,400.4	(5) \$ 43,4∞	· ·
N	Δ1 γ <sub>2</sub> 10 kd 10 mm ( k1 mm − 1	FIRE DEPT. 🗆	Approved <b>INSPECTION</b> :	CITY OF PORTLAND
<u>.</u>	11. T. M.		Denied Use Group: Type	
				Zone: CBL:
Proposed Project Description:		Signature:	Signature: ACTIVITIES DISTRICT (P.U.I	Zoning Approval:
Toposed Troject 2 comptions		Action:		
a second a star was a star of the star a	Action.	Approved Approved with Conditions:	□ Special Zone or Reviews:	
n da na serva a construction de la c		Denied	□   □ Shoreland □   □ Wetland	
		Signature:	Date:	
Permit Taken By:	Date Applied For:			Site Plan maj 🗆 minor 🗆 mm 🗆
Permit Taken by.		The Design of the second		Zoning Appeal
<ol> <li>This permit application doesn't preclude the</li> <li>Building permits do not include plumbing,</li> </ol>	<ul><li>Variance</li><li>Miscellaneous</li></ul>			
	Conditional Use			
3. Building permits are void if work is not star	<ul> <li>Interpretation</li> <li>Approved</li> </ul>			
tion may invalidate a building permit and s	dop an work			
			×	
				Historic Preservation
		J. Bels and		□ Not in District or Landmark
		المناعلي الريا	Listing and a state of the stat	<ul> <li>Does Not Require Review</li> <li>Requires Review</li> </ul>
		and the second sec	-	
				Action:
	CERTIFICATION	<i></i>		
The second for the star star second of the second star	been Approved with Conditions			
I hereby certify that I am the owner of record of authorized by the owner to make this applicatio				
if a permit for work described in the application	itton,			
areas covered by such permit at any reasonable	Date:			
		(-) -FE		, i
		an a geologica		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
SIGNALOKE OF AFFLICAINT COMPANY AND A STREET	Αυυκεόο.	DAIL.	FIIONE.	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
Wnite-	Permit Desk Green–Assessor's C	anary-D.P.W. PINK-P	ublic rile livory Cara-Inspecto	

COMMENTS

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Inspection Record				
Туре	Date			
Foundation:				
Framing:				
Plumbing:				
Final:				
Other:				