Location of Contraction:			Phone:	Permit No: 9 80705	
			2749000	/ • •	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED	
Contractor Name:	Address:	Phone	·	Permit Issued:	
irostilo aretza - Ste 191	14. Alexed St. Postile 6, 2		775-3269	111 - 21009	
Past Use:	Proposed Use:	COST OF WORK	K: PERMIT FEE:	- JUL - 2 1998	
		\$	\$ 85.60		
critice/ light ware		FIRE DEPT. D	Approved INSPECTION:	CITY OF PORTLAND	
			Denied Use Group: Type:		
				Zone: CBL:	
Proposed Project Description:		Signature:	Signature:	Zoning Approval:	
· · · · · ·	e Ster		Approved	Special Zone or Reviews:	
tore to work a repiler of the		Approved with Conditions:			
atti ha stati at inown it at	Denied 🛛	□Wetland □Flood Zone			
		Signature:	Date:		
Permit Taken By:	Date Applied For:		Dutc.	☐ Site Plan maj ⊡minor ⊡mm ⊡	
ولائن	2	15 June 1996		······································	
				Zoning Appeal	
1. This permit application does not preclude the		ate and Federal rules.			
2. Building permits do not include plumbing, se	eptic or electrical work.			Conditional Use	
3. Building permits are void if work is not starte	d within six (6) months of the date of iss	uance. False informa-		□ Interpretation	
tion may invalidate a building permit and sto	op all work				
				Denied	
				Historic Preservation	
	□ Not in District or Landmark				
	Does Not Require Review				
	□ Requires Review				
				Action:	
	CERTIFICATION				
I hereby certify that I am the owner of record of th					
authorized by the owner to make this application					
if a permit for work described in the application is					
areas covered by such permit at any reasonable h	· · · · · · · · · · · · · · · · · · ·	*	•	Date:	
		1 . b. 1999			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	-	
				· · · · · · · · · · · · · · · · · · ·	
RESPONSIBLE PERSON IN CHARGE OF WOR					
RESPONSIBLE PERSOIN IN CHARGE OF WOR		PHONE:	CEO DISTRICT		
White-Pe	ermit Desk Green–Assessor's Can	ary–D.P.W. Pink–Pul	blic File Ivory Card-Inspector		

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

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Type Inspe Foundation:			7/20 Called Back Left message
Inspection Record Date			se work would begin