City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No Phone: Owner: Bridgeport Assoc. Owner Address: 6.0. dox351 Fortland Haine 04104 Phone: Lessee/Buyer's Name: BusinessName: Permit Issued Contractor Name: Address: Phone: SEP 1 3 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 30.00 Salen Salom with Absobge ther. **FIRE DEPT.** □ Approved INSPECTION: Use Group: R Type: 3/ ☐ Denied CBL: Zone: DOC 4 96 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (I Action: Approved Special Zone or Reviews: Approved with Conditions: □ Shoreland Shange of the from saion to salon with massage therapy Denied □Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 18 Acst. 25, 1999 K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use ☐ Interpretation 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation ☑ Not in District or Landmark Does Not Require Review describe Core 761-0099 □ Requires Review **PERMIT ISSUED** WITH REQUIREMENTS Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Aug. 25, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE