Location of Construction:	Owner:		Phone:		Permit No: 981294	
270 St John St	Union Station	1				
Owner Address:	Lessee/Buyer's Name: Cincinatti Time of Ma		Phone: BusinessName:		PERMIT ISSUED	
Contractor Name:	Address:	Phon			Fermit Issued:	
Cincinatti Time of Maine				NOV 1 3 IOCA		
Past Use:	Proposed Use:	COST OF WOR	K:  P  \$	ERMIT FEE: 29.80		
	Same				CITY OF PORTLAND	
Office		FIRE DEPT.		NSPECTION: <i>S1914</i> Jse Group: <b>ク</b> Type:	TUNILANE,	
			□ Denied Use Group: DOCA 96 Signature: Signature:		Zone: CBL: OCC + OOT	
		Signature			1271 = 064 - A - 001	
Proposed Project Description:				ignature: 744406. DISTRICT (7A.D.)	Zoning Approval:	
			Approved	Special Zone or Reviews;		
			Approved with	h Conditions:	$\Box$   $\Box$ Shoreland	
Erect Signage		Denied		Ľ	□ Wetland	
		Signature:		Date:	_ □ Subdivision □ □ Site Plan maj □minor □mm □	
Permit Taken By: MG	Date Applied For:	05 November 1	998			
					Zoning Appeal	
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work</li> </ol>					□ Variance □ Miscellaneous □ Conditional Use	
					Historic Preservation	
					Not in District or Landmark	
					Does Not Require Review	
					Requires Review	
					Action:	
	CERTIFICATION	I				
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 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	e hour to enforce the provisions of the	e code(s) applicable to such	permit			
		06 November 19	0.0			
SIGNATURE OF APPLICANT	ADDRESS: DATE				-	
			•			
RESPONSIBLE PERSON IN CHARGE OF WO		P	HONE:			
White-	-Permit Desk Green–Assessor's	Canary–D.P.W. Pink–Pu	ublic File Ivo	ry Card–Inspector	$M \mathcal{W}$	

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