## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: 263 St. John Street Phone: 7/4-6373 Owner: Viet Tran Permit No: 000133 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Phone: 774-9335 Contractor Name: Address: Don Tran COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 30.00 0 Nail Salon Empty Bakery FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: $\mathcal{G}$ Type: 3/3BOCA99 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Change of use from bakery to nail salon Approved with Conditions: ☐ Shoreland 127 L Denied □ Subdivision Signature: Date: ☐ Site Plan Permit Taken By: Date Applied For: March 2 2000 K IJВ Zoning Ambeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation □ Approved tion may invalidate a building permit and stop all work.. □ Denied Aistoric Preservation Not in District or Landmark South Portland Me 0410% PERMIT ISSUED ☐ Does Not Require Review WITH REQUIREMENTS □ Requires Review Action: CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 March 3 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

PHONE: