Location of Construction: 259 St. John St 04101 Phone: N/A ^{Owner:} Don Charles Lessee/Buyer's Name: Phone: BusinessName: **Owner Address:** Same Permit Issued: AUG | 4 2000 Contractor Name: Phone: ***797-8856 Address: 15 Lexington Ave. Lifescapes/ Rusty Potts COST OF WORK: PERMIT FEE: Past Use: Proposed Use: Same Electronics Shop \$ 30.00 \$ 600.00 **FIRE DEPT.** □ Approved **INSPECTION:** □ Denied Use Group Type: Zone: 0-2 CBL: BOCA99 064-D-003 Signature: Signature: Zoning, Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P Action: Approved Special Zone or Reviews Install new Door & reframe Approved with Conditions: □ Shoreland Denied □ Wetland □ Flood Zone Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: August 11,2000 GD Gayle/Sam Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. 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.. Please call Rusty for P/U 797-8856 Denied Historic Preservation De Not in District or Landmark Does Not Require Review □ Requires Review PERMIT ISSUED Action: CERTIFICATION 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 Lagran to conferm to all the institution of the owner of record and that I have been □ Appoved Approved with Conditions 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 August 11,2000 PERMITISSUED DATE: SIGNATURE OF APPLICANT ADDRESS: PHONE: WITH REQUIREMENTS 3 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: CEO DISTRICT

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

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