

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

Location of Construction: 249 St John St - 2nd flr		Owner: New England Adv Cnt		Phone:	
Address: 249 St John St- Ptld ME		Lessee/Owner's Name: Lasting Impressions		Phone: 773-5760	
Contractor Name: 04102		Address:		Business Name: ← call for phone	
Past Use: office bldg		Proposed Use: office w training		COST OF WORK: \$	
				PERMIT FEE: \$ 25	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group: Type:	
Proposed Project Description: change of use - to office space w training				Signature: [Signature]	
				Signature:	
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied	
Permit Taken By: L Chase		Date Applied For: 5/19/97			

Permit No: **970492**
PERMIT ISSUED
 Permit Issued:
MAY 22 1997
CITY OF PORTLAND

Zone: **B-2** CBL: **064-D-006**
 Zoning Approval: **ok - Self permit needed for Special Zone or Reviews. New**
 Shoreland **Signage**
 Wetland
 Flood Zone **5/21/97**
 Subdivision
 Site Plan maj minor omm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied
 Date: **5/19/97**

D. Andrew B
 CEO DISTRICT **3**
 T. Munson

PERMIT ISSUED WITH REQUIREMENTS

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

[Signature]
 SIGNATURE OF APPLICANT ADDRESS: DATE: 5/19/97 PHONE:
 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: