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

Location of Construction:	Owner: CSK Sealart Co.	Phone:	-774-6323	Permit No: 990845	
Owner Address:	Lessee/Buyer's Name:	Phone: Busines	ssName:	PERMIT ISSUED	
Contractor Name:				Permit Issued:	
Past Use:	Proposed Use:	COST OF WORK:	<b>PERMIT FEE:</b> \$ 33.10 7 7		
e e e c i i		<b>FIRE DEPT.</b> Approved Denied	INSPECTION: 514149 Use Group: Type:	CIT LE PORTLAND	
		Signature:	MOCA94	Zone: CBL:065-6-613	
Proposed Project Description:		PEDESTRIAN ACTIVITI	ES DISTRICT (P.A.D.)	Zoning Approval:	
Removing one 428 class is existing site and edding 2-30515" Action: Approved with set bigger Denied			with Conditions:	Special Zone or Reviews: □ Shoreland □ Wetland □ Flood Zone	
		Signature:	Date:		
Permit Taken By:	Date Applied For:	a a a a a a a a a a a a a a a a a a a		Site Plan maj 🗆 minor 🗆 mm 🗆	
<ol> <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> <li>** Send To: bettey Sign Company 3 Thomas Bitve heatbrook, the 64092</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
				Historic Preservation Not in District or Landmark Does Not Require Review Requires Review Action:	
<b>CERTIFICATION</b> 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				Denied	
7-12-99					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:		
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE:			
White-Per	rmit Desk Green–Assessor's Canar	y–D.P.W. Pink–Public File	lvory Card-Inspector	5.5×	

**COMMENTS** 

let as per plans aut tho been ins = llet **Inspection Record** Туре Date Foundation: \_\_\_\_\_ Framing: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Final: Other: \_\_\_\_\_