## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: **Permit No:** \*\*Paul Hood, Inn at St. John St. 773-6481 04102 \*\*939 Congress Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A N/A N/A SAA Permit Issued: Contractor Name: Address: Phone: 256 Read St. Ptld, ME 04103 797-0100 Leavitt & Parris COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 4,000 **\$** 53.05 FIRE DEPT. Approved INSPECTION: / / . Same Inn □ Denied Use Group: Type: BOCA 99 Signature: Zoning Proposed Project Description: Approval PEDESTRIAN ACTIVITIES DISTRICT Install Awnings on Building Action: Approved Special Zone or R Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 3-15-00 UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS 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 □ Denied 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 hour to enforce the provisions of the code(s) applicable to such permit 3-15-00 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE