City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: 9 9 0 4 6 4 Phone: Sec. 1883 1. 3 3 4 Lessee/Buyer's Name: Phone: Owner Address: BusinessName: Address: Phone: Contractor Name: 71 777-3377 BA BULLIAM MAY 1 2 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 445.00 100162 Use Group & Type: 5 CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: ☐ Denied Zone: CBL: BOGA 96 Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (V.M.D.) interior Remarismos/ 5 5 Jen & Some Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone □ Subdivision Date: Signature: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: (4) 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 ☐ 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... □ Denied Call for Physics (Mill General **Historic Preservation** 714-3677 □ Not in District or Landmark □ Does Not Require Review □ Requires Review PERMIT ISSUED WITH REQUIREMENTS Action: **CERTIFICATION** ☐ Appoved ☐ Approved with Conditions 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 □ 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 SIGNATURE OF APPLICANT PHONE: ADDRESS: DATE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: 3 **CEO DISTRICT**

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

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Final: _____

Other: _____