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

Location of Construction:  15 Lowell St  Owner: Tundra Assoc.		Phone: 774-8277		Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Same	Dianne Potrin			PermPERMIT ISSUED
Contractor Name:	Address:	Phone:		Permit Beauty 1000 LD
** Sign Solutions	75 Bishop St Pt1d 041		878-8000	
Past Use:	Proposed Use:	COST OF WORK		1999
Medical Offices	Same	\$	\$ 28.50	
		FIRE DEPT.  Approved Denied Use Group: Type:		CITY OF PORTLAND
				Zone: CBL: 067-J-001
		Signature:	Signature: Noffe	Zoning Approval:
Proposed Project Description:			CTIVITIES DISTRICT (P.A.D.)	_ 211/99
Erect 2) 2'6" x 3'6" frees			Special Zone or Reviews:	
Elect 2) 2 0 k 3 0 lices			□   □ Shoreland	
		D	enied	□ □ Wetland
			_	☐ Flood Zone
	T2	Signature:	Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	ary 4, 1999		□ Site Plan maj □minor□mm □
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				□ Miscellaneous
				☐ Conditional Use
3. 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				☐ Interpretation ☐ Approved
				□ Denied
	PEDICE			
WITH RESOLUTIONS				☑ Not in District or Landmark
				□ Does Not Require Review
				☐ Requires Review
			·	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				☐ Appoved
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 ho	our to enforce the provisions of the code(	s) applicable to such p	ermit	
		February4, 19		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K TITI F		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORL	K, IIILE		FIONE.	CEO DISTRICT TR/MW
White-Pe	rmit Desk Green-Assessor's Cana	ry-D.P.W. Pink-Pub	lic File Ivory Card-Inspector	