## Location of Construction: Owner: Phone: Permit No Q Portland Faternity of Eagles 184 St. John Street 7739448 **Owner** Address: Lessee/Buyer's Name: Phone: BusinessName: <u>St. John St., Portland, MF</u> Contractor Name: Phone: Hermit Issued Address: Portland Eagles APR 3 0 1998 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ \$ 12,000 80.00 FIRE DEPT. Approved **INSPECTION:** Use Group: A-3 Type: 214 commercial commercial □ Denied Zone: CBL: DOCAD R-2 -1X.YN 068 D 00 Signature: Signature: Zoning Approval: Proposed Project Description: **PEDESTRIAN ACTIVITIES DISTRICT** (1 Action: Approved Special Zone or Revie Approved with Conditions: □ Shoreland renovating bathrooms Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan maj □minor □mm □ Permit Taken By: Date Applied For: **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use 3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation □ Approved tion may invalidate a building permit and stop all work.. Denied WITH REQUIREMENTS **Historic Preservation** ☑Not in District or Landmark Does Not Require Review □ Requires Review 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 see pre-application **SIGNATURE OF APPLICANT** ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT**

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

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