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: 9 8 0 8 3 4
29 Bowdoin St	Peter & Barbara	Shaw	775-7429	7 8 0 8 3 4
Owner Address: SAA	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED Permit Issued:
Contractor Name: Les Wilson & Sons	Address: P.O. Box 1028 Westb:			
Past Use:	Proposed Use:	COST OF WORK	\$ 20.00	CITY OF PORTLAND
		ľ	Approved INSPECTION: Use Group: Type: Signature:	Zone: CBL: 069-C-012
Proposed Project Description:			CTIVITIES DISTRICT (FA.D.)	Zoning Approval: 7/29/96
Abandonment of (2) bel	ow ground tanks	A	Approved Approved with Conditions: Denied	Special Zone or Reviews: Shoreland Wetland Flood Zone
		Signature:	Date:	□Subdivision
Permit Taken By:	Date Applied For:	24 July 1998	-	☐ Site Plan maj ☐minor ☐mm ☐ Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
				Historic Preservation □ 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 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				on, Denied
		27 July 1998		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGI	E OF WORK, TITLE		PHONE:	CEO DISTRICT
	White-Permit Desk Green-Assessor's C	anary–D.P.W. Pink–Pul	blic File Ivory Card-Inspector	