

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

Location of Construction: **1002 Congress Street		Owner: J.K. Properties		Phone: 772-1091		Permit No: 99-0958	
Owner Address: 24 Spar Lane Portland, ME 04102		Lessee/Buyer's Name: **Atlantic Hardwoods, Inc.		Phone:		BusinessName:	
Contractor Name: Atlantic Hardwoods, Inc.,		Address: 135 Marginal Way, Portland, ME		Phone: 773-9663		Permit Issued: SEP - 8 - 99	
Past Use: Unoccupied		Proposed Use: Wood Distribution Ctr.		COST OF WORK: \$ 1,000		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: M Type: 30 BOCA 96 Signature: <i>Huffman</i>	
Proposed Project Description: Tenant Suit Up, update wiring, repair ceilings & walls.				Signature: <i>[Signature]</i>		Date: <i>[Signature]</i>	
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action:		Approved <input type="checkbox"/>		Approved with Conditions: <input type="checkbox"/>	
				Denied <input type="checkbox"/>			
Signature:		Date:					
Permit Taken By: SP		Date Applied For: 9-1-99					

Zone: *TL* CBL: 076-A-023
 Zoning Approval: *ok with conditions*
 Special Zone or Reviews:
 Shoreland *See permits*
 Wetland *needed for*
 Flood Zone *new signs*
 Subdivision *OK 9/17/99*
 Site Plan maj minor mm
under 100 imp. best

Zoning Appeal
 Variance *Study continuing*
 Miscellaneous *retail*
 Conditional Use *retail*
 Interpretation
 Approved *necessary*
 Denied *N.T.A. in 1998*

Historic Preservation *use*
 Not in District or Landmark
 Does Not Require Review
 Requires Review

**PERMIT ISSUED
WITH REQUIREMENTS**

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

9-2-99

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Action:
 Approved
 Approved with Conditions
 Denied
 Date: *[Signature]*

CEO DISTRICT
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