## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: 856-6381 Owner: Permit No: \*\*Stuart A. Brown 207-775-1686 32 Woodmont Street Lessee/Buyer's Name: Phone: BusinessName: Owner Address: 990978 \*\*\*150 Spring Street #16 04101 Permit Issued: Contractor Name: Address: Phone: Poole & Sons Constructions/Brown **COST OF WORK: PERMIT FEE:** Proposed Use: Past Use: SEP I U \$ 42,000 \$ 276.00 **FIRE DEPT.** □ Approved INSPECTION: 1-Family Same Use Group: 8-3 Type: 5/3 □ Denied CBL: 081-D-017 Zone: BOCAGC Signature: Signature: Proposed Project Description: Zoning Approve PEDESTRIAN ACTIVITIES DISTRICT ( Interior renovations 2nd and 3rd Floor - New Dormus Approved Action: Special Zone or Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: 10,000 9 UB9-3-99 **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 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... Please Send To: Stuart A. Brown □ Denied 150 spring St. #16 Portland, ME 04101 Historic Preservation Not in District or Landmark □ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS CERTIFICATION □ Appoved 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 ☐ Approved with Conditions □ 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 9-3-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

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