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

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Location of Construction:	Owner:		Phone:	Permit No:
Brackett Ave. & Florida St. Peaks Owner Address:		Phone:	Robert Cook 874-8300 BusinessName:	- 990214
	Lessee/Buyer's Name:	Phone:	Businessiname:	
5 Portland St. 04101 Contractor Name:	Address:	Phone	· · · · · · · · · · · · · · · · · · ·	Permit Issued:
City of Portland Public Works	55 Portland St.			
Past Use:	Proposed Use:	COST OF WORK	4 <u>-8300</u> K: PERMIT FEE:	
Wooded	Solid Waste Transfer	\$ 200,000.00	€ ;;	
	Facility	FIRE DEPT. C	Approved INSPECTION:	
			Denied Use Group: 5-/ Type:5	B
			BOCA99 , NA	Zone: CBL: 085-M-003
		Signature: #-	Jin 7 Signature: Arthe	
Proposed Project Description:		PEDESTRIAN A	CTIVITIES DISTRICT (P.A.D.)	Zoning Approval: Eschurstan
	Action: A	Approved UU	Special Zone of Reviews:	
Solid Waste Transfer And Recycling Facility		A	Approved with Conditions:	\square \square Shoreland NA
		I		U UWetland
				□Flood Zone Zone
		Signature:	Date:	□ Subdivision 3/28
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
KA	GD	March 13,2000		Zoning Appeal
1. This permit application does not preclude the	Applicant(s) from meeting applicable Sta	ate and Federal rules.		□ Variance
2. Building permits do not include plumbing, s				☐ Miscellaneous
	•			Conditional Use
3. Building permits are void if work is not starte		ance. False informa-		
tion may invalidate a building permit and sto	op all work			Approved Denied
			PERNITISSUED WITH REQUIREMENTS	Historic Preservation ↓ ot in District or Landmark □ Does Not Require Review □ Requires Review Action:
			WIII	
	CERTIFICATION			Appoved
I hereby certify that I am the owner of record of the authorized by the owner to make this application				
if a permit for work described in the application is				
areas covered by such permit at any reasonable h				Date:
			•	
		March 13,2000		_
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	ADDRESS		DUONE	—
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	- ISSUED
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	PERMITISSUED
SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WOR		DATE:	PHONE: PHONE:	CEO DISTRICT 2