## 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: 32 Portlast St. Barrt Eil 177 - 173 Owner Address: Leasee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Address Phone: 3 3 3 3 3 2 FEB 2 | 1995 Past Use: COST OF WORK: PERMIT FEE: Proposed Use: \$ CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: Use Group 43 Type: 335 fator resolvens ☐ Denied CBL: Zone: MOGA 93. Signature: Proposed Project Description: Zoning Approval: PEDESTRIAN ACTIVITIES DISTRICT (ACU.D.) Action: Approved Special Zone or Reviews: 三百万万万万万万 医多种皮肤多克氏虫虫类 Approved with Conditions: □ Shoreland ' Denied П □ Wetłand □ Flood Zone Signature: Date: □ Subdivision Permit Taken By: ☐ Site Plan mai ☐ minor ☐ mm ☐ Date Applied For: Zoning Appeal This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ 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-3. □ Interpretation tion may invalidate a building permit and stop all work.. □ Approved □ Denied **Historic Preservation** Not in District or Landmark ☐ Does Not Require Review 1 ☐ Requires Review 7 Action: 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 authorized by the owner to make this application as his authorized agent and Lagrange conform to all applicable laws of this jurisdiction. In addition, □ Denied if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all are as covered by such permit at any reasonable hour to enforce the provisions of the code(s) approaches to such permit Date 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

MB, Wina

C	Λ	N	71	1	F	N	Т	C
ι.	١,	١v	ŧ١١	ИΙ	r,	ı		т.

V ...

•		
	· · · · · · · · · · · · · · · · · · ·	
		· 
	12/94 Dunthe ampleted on of	ru)
	1495 Traythy ampleted ok of	
	195 renovation Chambal	
	Josep of Marin	
	prome in exit door on	loft
	from & dut work drown	0"
	Thele Of Man	
9501.45	Inspection Record	
950145 086-I-001	Туре	Date
08/ T on!	Foundation:	
006-4-001	Framing:	
	Plumbing:	
	Final:	
•	Other:	