City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: **373 Forest Avenue Owner: Phone: Permit No: 04102 Michael Kaplan 774-9492 29164 Owner Address: Lessee/Buver's Name: Phone: BusinessName: **Tim Morgan/BAck Bay Sports 774-8191 Back Bay Sports 49 Ocean Avenue Permit Issued: Phone: Contractor Name: Address: Tim Morgan SAA SAA - 2 1999 COST OF WORK: Proposed Use: PERMIT FEE: Past Use: 1,000 30,00 Mixed Use Mixed Use FIRE DEPT. Approved INSPECTION: Use Group: M Type: 3 B ☐ Denied Vacant with 6 Units Commercial with 6 Units CBL: BOCA96_ 112-B-017 Signature: Signature: 4 Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Approved with Conditions: ☐ Shoreland 3 non load bearing walls. Denied ☐ Wetland ☐ Flood Zone Signature: ☐ Subdivision Date: ☐ Site Plan maj □ minor □ mm Permit Taken By: Date Applied For: 10-14-99 UB Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. □ Conditional Use 3. 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... □ Denied **Send To: Tim Morgan Historic Preservation Back Bay Sports Not in District or Landmark 373 Forest Ave. □ Does Not Require Review Portland, ME 04102 ☐ Requires Review PFRMIT ISSUED WITH REQUIREMENTS 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 I agree to conform to all applicable laws of this jurisdiction. In addition, □ Denied 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 10-15-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

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