

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

Location of Construction: 470 Forest Ave		Owner: 470 Forest Ave assoc		Phone: 885-0855		Permit No: 981035 <div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED SEP 11 1998 CITY OF PORTLAND </div>	
Owner Address: 477 Congress St		Lessee/Buyer's Name:		Phone:			BusinessName:
Contractor Name: Alliance Construction		Address: 160 Pleasant Hill Rd Scarborough, ME		Phone: 885-0855			Permit Issued: SEP 11 1998
Past Use: Office		Proposed Use: Office/Classroom		COST OF WORK: \$ 10,000.00 PERMIT FEE: \$ 70.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 3B Signature: <i>[Signature]</i> Date: <i>060496</i>			Zone: B-2 CBL: 116-A-001
Proposed Project Description: Interior renovations of existing office space .. Third Floor				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____		Zoning Approval: <i>OK 9/4/98</i> Special Zone or Reviews: <input type="checkbox"/> Shoreland <i>See permits</i> <input type="checkbox"/> Wetland <i>Reg. for</i> <input type="checkbox"/> Flood Zone <i>Sign AS</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: UB		Date Applied For: 31 August 1998				Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

Call Jim Mullen for P/U 885-0855

**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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 02 September 1998 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

CEO DISTRICT

KNITR

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