## 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: Permit No: 156 Woodford Street 04103 Dean P. Johnson 773--7992 981397 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: Dick Miller M Const. P.O. Box 1264 Ptle, ME 04104 Center Line 865-3300 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: DEC 1 1998 16,980 105.00 Retail FIRE DEPT. Approved INSPECTION: Same Use Group: M Type: 5/ ☐ Denied Wyn Signature: Zoning/Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Interior Renovations. Approved with Conditions: ☐ Shoreland Denied Expand show room. □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: ub 12/9/98 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.. ☐ Denied Call for Pick Up. Dick Miller 865-3300 Historic Preservation Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review 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 □ 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 SIGNATURE OF APPLICANT ADDRESS: PHONE:

PHONE:

**CEO DISTRICT** 

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE