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 NoQ Q 629 Forest Ave Shekinah Co. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: P.O. Box 1088 Windham, M 04062 Michael D. Fox Permit lesued: Contractor Name: Address: Phone: Michael Fox 1043 Congress St Ptld, ME 04102 842-9139 **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: 26.60 **FIRE DEPT.** □ Approved INSPECTION: Retail Same Use Group: M Type: ☐ Denied Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (HA.D.) Action: Approved 2' x 4' 3/4" plywood painted letters CGS Approved with Conditions: □ Shoreland Denied □ Wetland Computers, Games & Services ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 25 February 1999 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 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 Istoric Preservation Not in District or Landmark □ Does Not Require Review PERMIT ISSUED ☐ Requires Review 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 26 February 1999 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