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: 629 Forest Ave Ptdl 04103 William Gowen/Chekinah Co. Lessee/Buyer's Name: **Michael Fox Owner Address: Phone: BusinessName: P.O. Box 1088 Windham 04062 Permit Issued: Contractor Name: Address: Phone: Michael Fox 1043 Congress St Pt1d 04102 842-9139 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 1 1999 10.00 Retail Same FIRE DEPT. Approved INSPECTION: Use Group: M Type: 34 ☐ Denied Signature: Signaturé: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT to be vono Action: Approved Special Zone or Reviews Temporary sign 3-1-99 - 3-30-99Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan mai ☐minor ☐mm Permit Taken By: Date Applied For: SP February 26, 1999 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ 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-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 ☐ 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 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 February 26, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEO DISTRICT

PHONE:

