## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: SSA Realty LLC Location of Construction: Phone: Permit No: 775-4297 000227 550 Forest Ave Lessee/Buyer's Name: Owner Address: Phone: BusinessName: One City Center Portland 04101 Contractor Name: \*\* RGB Construction Permit Issued: Address: Phone: \*\*\*\*\* 550 Forest Ave P.O. Box 3672 Portland 04104 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: J **\$92,647** \$582.00 Office same FIRE DEPT. Approved **INSPECTION:** Use Group: A Type 33 ☐ Denied Zone: CBL: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: ☐ Shoreland Interior Renovations see plans Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K March 21 2000 K **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 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 ☐ 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 March 21 2000 ADDRESS: DATE: SIGNATURE OF APPLICANT PHONE: CEON DISTRICT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: