					PERI	MIT ISSUE	ח		
City of Portland, N	1aine - Bui	lding or Use l	Permit Application	on Per	rmit Na	Issue Date:	CBL:		
389 Congress Street,	04101 Tel: (	(207) 874-8703	, Fax: (207) 874-87	16	01-0715	UN 2 7 1001	127 A0	02001	
Location of Construction:		Owner Name:			rAddress:		Phone:		
509 Forest Ave		Alpine Realty Corp		120	Exchange S	E'DASH	1.01 207-775-	3499	
Business Name:		Contractor Name:			Contractor Address Phone				
n/a		no contractor/self		n/a n/a		2077753499			
Lessee/Buyer's Name		Phone:		Permit Type:		Zone:			
n/a		n/a		Ado	Additions - Commercial		<u> </u>		
Past Use:		Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:	7	
Commercial Office Space: Vacant for 6 Months		Office Space, Build one 11' X 22' Office. Call Jay at 775-3499 when ready.		FIRE	\$54.00 E DEPT:	Denied Us	SPECTION: see Group: REQUIREMENT	Type:	
Proposed Project Description  Build a 11' X 22' Office				Signa PEDE Actio	ESTRIAN ACT	IVITIES DISTRIC	ed w/Conditions	Denied	
				Signature:		Date:			
Permit Taken By:	Γ	Zoning Approval							
cih	cih 06/18/2001				zomig rippiores				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.					Zoni	ing Appeal	Historic Preservation  Not in District or Landmar		
2. Building permits of septic or electrical		olumbing, Wetland		☐ Miscellaneous		Does Not Require Review			
3. Building permits are void if work is not starte within six (6) months of the date of issuance.			Flood Zone	red	Conditional Use		Requires Review		
False information permit and stop all	-	e a building	Wetland  Sepretary  Flood Zone  Me Gegin  Subdivision  Site Plan	Sign S Interpretation		Approved			
	1		Site Plan		Approv	ved	Approved w/	'Conditions	
Closed	્તે.		Maj Minor M		M ☐ ☐ Denied		Denied		
CAINER			Date!	OW.	Date:		Date:		
			CERTIFICAT	17 TON		P WITH	ERMIT ISSUED I REQUIREMEI	NTS	
I hereby certify that I at I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	to make this applior work describe	med property, or that ication as his authorized in the application is	the pro ed agen issued,	nt and I agree I certify that	to conform to a the code officia	ill applicable laws al's authorized repi	of this resentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		)NE	
RESPONSIBLE PERSON II	N CHARGE OF V	WORK, TITLE				DATE	PHC	DNE	

31. November worth how been completed in approximation of the person of the master than making the most of the master than making the most of the most of the master than making the most of the most [Nova, 137.4.2 Permit to be on it