City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Owner Address: Lessee/Buyer's Name: Nelson & Small Phone: Northern Propane Address: Commercial Proposed Use: Commercial Proposed Use: Commercial Commercial	Location of Construction:	Owner:		Phone:	Dami's No.
Owner Address: Lessee Blayer's Name: Nelson & Small: 775-566 Nelson & Small: 775-56				Permit No: QQ 0378	
Past Use: Commercial Proposed Use: Commercial Proposed Project Description: Proposed Pro	Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMITION
Commercial Sommercial Som	Contractor Name: *** Northern Propane				Fermi tastited (SUE)
From Commercial Commercial Fire Dept. Depried Deptide Signature: Signature: Use Group: Type: Signature: Date: Approved with Conditions: Denied Wettland (above ground) Temporative Jean-color Signature: Date: Shoreland Wettland (Plood Zone State and Federal rules. 1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 2. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 4. This permit of the date of issuance of record and that I have been authorized by the owner of record and that I have been authorized by the owner of meeting application. In addition. In additi	Past Use:	Proposed Use:	COST OF WOR	K: PERMIT FEE:	APR I 6 1000
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (FIJ.).	Commercial	Commerial	<u> </u>		7-11 1998
Proposed Project Description: Per Per					1 CITY OF HODE
Proposed Project Description: Permit Taken By: Shearty Pinard Date Applied For: April 14, 1998 Date: D				Denied Use Group: Type:	
Perposed Project Description: Perposed Project Description: Action: Approved Approved Approved Approved Signature: Date: Da			Signature: 1	Signature: All	BZ 129-A-001
Action: Approved A	Proposed Project Description:			CTIVITIES DISTRICT (P.A.D.	Zoning Approval
Install 1 - 1000 gal tank and vaporizer (above ground) Date			i	1/1/	
CERTIFICATION CERTIFICATION 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 make this application is issued, I certify that the code official is authorized row work cauthorized by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Signature: Date: PhoNE: PhoNE:	T 1 11 1 1000 11 11 11	1	i i	= -	□
Signature: Date: Subdivision Site Plan maj Date Applied For: April 14, 1998	_	_		Denied	2
Permit Taken By: Sherry Pinard Date Applied For: April 14, 1998 Site Plan maj Ominor Omm Ominor Om	(above ground) TEMP	outly Seasine	Signature:	Date	l .
Zoning Appeal Zoning Appeal Variance Variance Variance Variance Variance Variance Variance Miscellaneous Conditional Use Interpretation Variance Interpretation Variance	Permit Taken By: Charry Binard	Date Applied For:			L .
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CERTIFICATION				VIT FRANCE	Not in District or Landmark
CERTIFICATION			•	REOURD	
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Scott Hemmingway RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT	lett Henry				
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT	SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: CEO DISTRICT	Scott Hemmingway		April 14 10	98	[
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