City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 990206 Location of Construction: Owner: Phone: 660 Forest Ave L & M Associates Inc. 284-4402 Owner Address: Lessee/Buver's Name: Phone: BusinessName: 748 Portland RD Saco 04072 Phone: Contractor Name: Address: Unknown COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 65.80 **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: Retail Same BOCA96 Signature: 1 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved 1) 4' x 19' sign 2) 8' x 8' signs (total of 3) Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: ☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: January 22, 1999 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous 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 **Historic Preservation** Mail to: Leed Foster □ Not in District or Landmark 38 Meadow Ln □ Does Not Require Review Saco ME 04072 ☐ Requires Review Action: **CERTIFICATION** ☐ Appoved ☐ Approved with Conditions 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 □ 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit January 22, 1999 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** TR/MW White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector