City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 980196 Location of Construction: Owner: Phone: 701 Forest Ave Rite Aid of Maine, Inc. Owner Address: Lessee/Buyer's Name: Phone: BusinessName: P.O. Box 3165 Harrisburg, PA 17105 Permit Issued: Contractor Name: Address: Phone: 782-0104 101998 Sprinkler Systems, Inc. P.O. Box 1285 Lewiston, ME 04243 **COST OF WORK:** Past Use: Proposed Use: PERMIT FEE: \$ 9,000.00 65.00 FIRE DEPT. Approved INSPECTION: Dept Store Same ☐ Denied Use Group: Type: CBL: 129-B-003 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: ☐ Shoreland Install Sprinkler System Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Mary Gresik 04 March 1998 **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 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 Motin District or Landmark Des Not Require Review ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 04 March 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: Via Mail RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

CEO DISTRICT