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

Location of Construction:	Owner:		Phone:	**Permit No:**
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	**001174**
Contractor Name:	Address:		Phone:	**Permit Issued:**

Past Use:	Proposed Use:	COST OF WORK: $	PERMIT FEE: $	OCT 17 2000

		FIRE DEPT. ☐ Approved ☐ Denied	INSPECTION: Use Group 9.3 Type 5 B BOCA 99	Zone: B-1	CBL: 130
		Signature:	Signature:		

Proposed Project Description:

Zoning Approval:

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action:		
Approved		☐
Approved with Conditions:		☐
Denied		☐

Signature: Date:

Special Zone or Reviews:
☐ Shoreland
☐ Wetland
☐ Flood Zone
☐ Subdivision
☐ Site Plan maj ☐minor ☐mm ☐

Permit Taken By:	Date Applied For:

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical 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..

Zoning Appeal
☐ Variance
☐ Miscellaneous
☐ Conditional Use
☐ Interpretation
☐ Approved
☐ Denied

Historic Preservation
☐ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:
☐ Appoved
☐ Approved with Conditions
☐ Denied

Date: _____

PERMIT ISSUED
WITH REQUIREMENTS

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 record and that I have been 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

SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		PHONE:

PERMIT ISSUED
WITH REQUIREMENTS
IN CBD DISTRICT

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