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

Location of Construction:	ation of Construction: Owner:		Phone:		Permit No:	
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	sName:	001181	
Contractor Name:	Address:	Phone: 36.7-33.15		Permit Issued:		
Past Use:	Proposed Use:	COST OF WORK: PERMIT FEE: \$5,000,000			OCT 2 0 2000	
×tmože kubal-	Night Restry	FIRE DEPT. □ Approved □ Denied		INSPECTION: Use Group \$2-3Type:53		
		Signature:	omed	Boca 94 Signature: Hollage.	Zone: CBL:	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (FA.D.)			Zoning Approval:	
ಸಕೃತ್ವಾಧವನ ಸಮ್ಮಿಗಳಿಗಳು ಕೃಷ್ಣಾಗಳ ಹಾಗಳುಗ್ ಹಾಗಳು ಸಂಗತ್ತಿಗೆ ಸಂಗತ್ತಿಗೆ		Action: Approved [Approved with Conditions: Denied [Approved with Conditions]			Special Zone or Reviews:	
		Signature:		Date:	☐ Subdivision	
Permit Taken By:	Date Applied For:	erskin, sig	2 ** }*		☐ Site Plan maj ☐minor ☐mm ☐	
 Building permits do not include plumbing, septic or electrical work. 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 					☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied	
Closed: 5 carried PERMITISSUED PERMITISSUED					Historic Preservation ☐ Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review	
				PERMIT ISSUED WITH REQUIREMENTS	Action:	
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					, ☐ Denied	
		Surger Strage				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	PERMIT ISSUED WITH REQUIREMENTS	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE			PHONE:	CEO DISTRICT	
Whi	te–Permit Desk Green–Assessor's (Canary–D.P.W. Pink–Pul	blic File	lvory Card-Inspector		