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

Location of Construction:	Owner:	Owner:		Permit No:
in the second second				
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	001028
- The solution of the solution				Permit Issued:
Contractor Name:	Address:	Phone:		
Past Use:	Proposed Use:	COST OF WORK	E PERMIT FEE:	
Tast Osc.	-	\$ 7 y active 1 and	\$ j 1, 200	SEP   4 2000
Calific de Color	Action and the second	FIRE DEPT. 🗆 A	Approved INSPECTION:	
			enied Use Group: <b><i>R</i>.3</b> Type: <b>5</b>	B
Contraction of the second	No e 👾 y y	Signature:	BOC 999 Signature: Helfe	Zone: CBL:
Proposed Project Description:			CTIVITIES DISTRICT (P.C.D.)	Zoning Approval:
	,			Special Zone or Reviews:
the second second second second second second		A	approved with Conditions:	□ □ Shoreland
		D	Denied	U Wetland
			2	
The second secon		Signature:	Date:	⊡ Subdivision
Permit Taken By:	Date Applied For:	and the second	- (e.	
				Zoning Appeal
1. This permit application does not preclude the A	Applicant(s) from meeting applicable	State and Federal rules.		
2. Building permits do not include plumbing, se	ptic or electrical work.			☐ Miscellaneous ☐ Conditional Use
3. Building permits are void if work is not started	within six (6) months of the date of i	ssuance False informa-		□ Interpretation
tion may invalidate a building permit and stor		ssuance. I also miorma		
tion may invalidate a building permit and stop				Denied
				Historic Preservation
				ENot in District or Landmark
			PERMIT ISSUED	C □ Does Not Require Review
			PERMIT ISSUED WITH REQUIREMENTS	□ Requires Review
			WIIII	Action:
	CERTIFICATION			□Appoved
I hereby certify that I am the owner of record of the				
authorized by the owner to make this application a				
if a permit for work described in the application is				all Date:
areas covered by such permit at any reasonable ho	ur to enforce the provisions of the co	de(s) applicable to such p	permit	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	,
				PERMIT ISSUED WITH REQUIREMENTS
<b>RESPONSIBLE PERSON IN CHARGE OF WORK</b>	K, TITLE		PHONE:	CEO DISTRIREMENTS
				WITH REVOICE
White-Pe	rmit Desk Green–Assessor's Ca	nary-D.P.W. Pink-Pub	lic File Ivory Card-Inspector	

-

;

Q
0
Ζ
Ζ
Ξ
Z
$\mathcal{O}$

		First Exp / Never Cord Con Poingro 11/	Mac Id Counter de contactor a
Inspection Record    Foundation:			be complete in the works. He with
Date			an an