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:
a ⁴ Itvia, Street Day Vallee		781-224-9831 (@)		
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	-001242
By James &D, Upton, 44 01560				
Contractor Name:	Address:	Phone:		Permit Issued:
30 Construction, Sharberough, he	Q4074			
Past Use:	Proposed Use:	COST OF WORK	(; PERMIT FEE:	NOV - 3 2000
		\$ 500.00	✓ \$ 30.00	
		FIRE DEPT. DA	Approved INSPECTION:	
Solt: Family	Sulri Fomily		enied Use Group: Type:	5
				Zone: CBL:
		Signature:	Signature:	137-3-003
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zoning Approval:	
Action: Approved				
			11	Special Zone or Reviews: □ □ Shoreland
the second s	Denied			
Oork Dem				
		Signature:	Date:	
Permit Taken By:	Date Applied For:	Ę		🗌 🗆 Site Plan maj 🗆 minor 🗆 mm 🗆
Permit Taken By: $(ab) = \sum_{k}$		October (6		
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance □ Miscellaneous
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 informa-				
tion may invalidate a building permit and stop all work				
tion may invaluate a building permit and stop an work				Denied
UED -C				Historic Preservation
(ccl)				Data Not in District or Landmark
Reductived by most. White				□ Does Not Require Review □ Requires Review
Reduived by mail.				
		narrana kandi (siyo shirtar).	· Mitte	Action:
			N. C.	
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 a	n, Denied			
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 ho	ur to enforce the provisions of the o	code(s) applicable to such p	permit	Date:
			-	
SIGNATURE OF APPLICANT	ADDRESS:	<u>October 70, 19</u> DATE:	PHONE:	
SIGNALORE OF ALL LICANT	ADDRESS.	DAIL.		CILED ITS
				IT IS SMENT
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE:		
				AN REGISTION
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector W////				

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