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: 000571 Lessee/Buyer's Name: BusinessName: Owner Address: Phone: Permit Issued: Contractor Name: Address: Phone: COST OF WORK: PERMIT FEE: Proposed Use: Past Use: MAY 3 n FIRE DEPT. Approved INSPECTION: 1203.5 2.3 Use Group: 1 Type: 5 ☐ Denied CBL: Signature: Zoning Approval: 10 Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Special Zone or Reviews: Approved with Conditions: BEARS OF A LITTLE SHEET ☐ Shoreland \Box Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Interpretation 3. ☐ Approved tion may invalidate a building permit and stop all work.. ☐ Denied Markle tox **Historic Preservation** Your / Con Chair □ Not in District or Landmark 37 Aunth St. ☐ Does Not Require Review Ports County 19 MARINA HALLS ☐ 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 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:

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