City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 99 () 30 3 **Location of Construction:** Owner: Phone: 1037 Forest Avenue Portland, ME A&M Partners 874-6959 ************Phone: Owner Address: Lessee/Buver's Name: BusinessName: **Woodfords Family Services P.O. Box 1768, Portland, ME Address: 120 Exchange St. Portland, ME 04101 Contractor Name: Phone: 04104 Woodfords Maintenance Dept. f 2 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: xxxxxx 2 28.23 None Sign **FIRE DEPT.** □ Approved INSPECTION: 5190 & ☐ Denied Use Group: CBL: BOCAGL 142-C-1 Signature: Signature: Proposed Project Description: Zoning Approval PEDESTRIAN ACTIVITIES DISTRICT (#A.D.) Action: Approved One 40 1/2" X 57 1/2" sign (facing Forest Ave.) on the Approved with Conditions: ☐ Shoreland front of the building at 1037 Forest Ave. Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: Date Applied For: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: SP 4-1-99 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Interpretation □Approved tion may invalidate a building permit and stop all work.. □ Denied Historic Preservation ILMot in District or Landmark ☐ Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 □ Approved with Conditions 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, □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 4-1-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

CEO DISTRICT