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: 1037 Partners, Inc. 874-6959 (Metro Club) 1037 Forest Avenue 99133: Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 1037 Forest Partners Inc. **120 Exchange St. Ptland, ME 04101 874-6959 1037 Forest Ave. Inc. Permit Issued: Address: Contractor Name: Phone: SAA Same Owner Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 54.300 \$ 354.00 Office Vacant Night Club FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Zone: - CBL: BOCB-96 142-C-001 Signature: AMM Signature: Proposed Project Description: Zoningy Approvaf PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Office Fit Up. Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision Date Applied For: ☐ Site Plan mai ☐ minor ☐ mm ☐ Permit Taken By: 11-19-99 UB **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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-3. ☐ Interpretation Partners Inc. tion may invalidate a building permit and stop all work... □ Approved □ Denie.el **** Please Send To: 1037 Forest Avenue 120 Exchange St. Historic Preservation Portland, ME 04101 Not 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 □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 11-19-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: WITH REOUIREMENTS 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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