## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: \*\*\*\* Danny Miller Phone: 771-5409 Permit No: \*\*\* 918 Forest Ave 000804 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: Contractor Name: Address: Phone: SAA COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 33.00 same Tarot Cards single family INSPECTION: 2/979 M FIRE DEPT. Approved Use Group PType 52 ☐ Denied CBL: 142-E-009 Signature: Proposed Project Description: Zoning (Approval PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.) Action: Approved П Special Zone or Review Approved with Conditions: П ☐ Shoreland Denied $\Box$ □ Wetland 3x5 free standing sign □ Flood Zone Date: ☐ Subdivision Signature: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: K June 2 2000 K Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Miscellaneous Appeal Sustained for the 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-☐ Interpretation 3. Approved tion may invalidate a building permit and stop all work... ☐ Denied Historic Preservation Mot 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 June 5 2000 ADDRESS: DATE: PHONE: SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PHONE:

WITH REQUIREMENTS

**CEO DISTRICT**