City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: V1U152 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Permit Issued: Phone: Contractor Name: Address: ្នុ_{ស្ស៊ី} នៅដើប នេះស**ន្ទ**ិស្សន៍, សន្ទេសនេះគឺ 1. 52.-513/ 144 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: FFB 2 8 4 11 \$ gardeness \$ cz and was the same of the same of FIRE DEPT. Approved INSPECTION: Use Group 13 Type: ☐ Denied CBL: Zone: BOC 899 , DA Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: TO POLICE 1996年 1995年1997 - 1997年8月 Approved with Conditions: ☐ Shoreland Denied □ Wetland ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: **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. □ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-☐ Approved tion may invalidate a building permit and stop all work... ☐ Denied 5 canned Historic Preservation □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 Refrance on a cost SIGNATURE OF APPLICANT PHONE: ADDRESS: DATE: PERMIT ISSUED

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

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

CEOUDISTANCE

PHONE: