City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Permit No 9 8 0 9 5 Owner: Phone: 797-9398 1006 Forest Ave Bernard Cohen Lessee/Buyer's Name: Owner Address: BusinessName: Phone: The Learning Tree Permit Issued: Contractor Name: Address: Phone: MIG 2 8 1009 The Learning Tree 1001 Forest Ave Ptld, ME 04103 878-5076 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: \$ 25.00 **CITY OF PORTLAN** FIRE DEPT. DApproved INSPECTION: Retail Daycare Use Group: LE Type: ☐ Denied CBL: BOCA 95 143-A-026 ベタタルワ Signature: Signature: Proposed Project Description: Action: Approved Approved with Conditions: ☐ Shoreland 1/29 Change Use from Retail to Daycare Denied ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP/MG 05 August 1998 **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 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** PERMIT ISSUED □ Not in District or Landmark WITH REQUIREMENTS Does Not Require Review □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 05 August 1998 SIGNATURE OF APPLICANT ADDRESS: PHONE: DATE: 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