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.9 8 0 7 3 1
716 Stevens Ave	University of N.E.			
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone		Permit Issued:
Allied/Cook Construction	P.O. Box 1396 Pt1d, N		772-2888	
Past Use:	Proposed Use:	COST OF WORL		JUL-71998
College		\$ 151,000	I	
		FIRE DEPT.		CITY OF PORTLAND
		I	Denied Use Group: Type:	or yes torrestate
			ese Group. Type.	Zone: CBL: 145-A-003
		Signature:	Signature:	145-A-003
Proposed Project Description:			CTIVITIES DISTRICT (P.A.D.	Zoning Approval:
		1	Approved	Special Zone or Reviews:
Addition of Interior Elevato		Approved with Conditions:	☐ Shoreland	
(Bathroom renovations shown		Denied	□ □ Wetland	
				☐ Flood Zone
		Signature:	Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	01 71 1000		☐ Site Plan maj ☐minor ☐mm ☐
MG		01 July 1998		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
				□Miscellaneous
				☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work				☐ Interpretation
				☐ Approved ☐ Denied
				- Demed
			•	Historic Preservation
WITH REQUIREMENTS				☐ Not in District or Landmark
				☐ Does Not Require Review
			"EQUIRENCED	☑Requires Review
			LINENTE	Action:
				, , , , , , , , , , , , , , , , , , , ,
CERTIFICATION 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				□Appoved
				l control of the cont
authorized by the owner to make this application				
if a permit for work described in the application				Date: 7-2-96
areas covered by such permit at any reasonable	hour to enforce the provisions of the code	e(s) applicable to such	permit	July 1
				MOPYT / Was /
		01 July 1998		TO PAIN DUDY K
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WO	ARK TITI F		PHONE:	—
KESI ONSIDEE FERSON IN CHARGE OF WO	JNIX, IIILL		HONE.	CEO DISTRICT

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