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: 1 Cambridge St/Cornell St City of Portland Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Contractor Name: Address: Phone: Wm. A Renaud Jr., Trucking Inc. 119 Knighs Pond Rd S. Berwick 03908 *384-5111 2 1999 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 55,230 295.00 Vacant/Commercial Vacant Land FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: CBL: MOCA9 Zone: 151A-A-013 Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone on Approved with Conditions: ☐ Shoreland Demolish Buildings Denied П ☐ Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: MG January 26, 1999 **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-3. ☐ Interpretation ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied **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 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, □ Denied 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit January 26, 1999 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT

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