

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:	
Owner Address:		Lessee/Buyer's Name:		Phone:		000379	
Contractor Name:		Address:		Phone:		Permit Issued:	
Past Use:		Proposed Use:		COST OF WORK:		PERMIT FEE:	
				\$		\$	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action:		Zoning Approval:	
				Approved <input type="checkbox"/>		Special Zone or Reviews:	
				Approved with Conditions <input type="checkbox"/>		<input type="checkbox"/> Shoreland	
				Denied <input type="checkbox"/>		<input type="checkbox"/> Wetland	
				Signature:		Date:	
Permit Taken By:		Date Applied For:				<input type="checkbox"/> Flood Zone	
		April 30 2011				<input type="checkbox"/> Subdivision	
						<input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

*Closed!
Scanned*

**PERMIT ISSUED
WITH REQUIREMENTS**

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 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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

Zone: **CBL:**

Special Zone or Reviews:

Shoreland

Wetland

Flood Zone

Subdivision

Site Plan maj minor mm

Zoning Appeal

Variance

Miscellaneous

Conditional Use

Interpretation

Approved

Denied

Historic Preservation

Not in District or Landmark

Does Not Require Review

Requires Review

Action:

Approved

Approved with Conditions

Denied

Date: _____

**PERMIT ISSUED
WITH REQUIREMENTS**