City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 9 0 0 4 3 Location of Construction: Owner: Phone: 46A Tamarlane ERP Operatiing Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Contractor Name: Phone: Address: **Scarboro Signs JAN 2 0 1999 608 Rt 1 Scarborough ME 04074 161-B-025 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: \$34.80 CITY OF PORTLA Housing Complex Same INSPECTION: SI 9 19494 **FIRE DEPT.** □ Approved ☐ Denied Use Group: Type: CBL: 130CA46 161-B-025 Signature: 🕢 Signature: Zoning Approval-Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Replace Signage total 49 sq. ft. Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan mai ☐minor Permit Taken By: Date Applied For: MG January 19, 1999 Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance □ 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** □ Not in District or Landmark ☐ 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 January 19, 1999 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE: 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: KC/TM **CEO DISTRICT**

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