## Location of Construction: Owner: Phone: POT KUNG John D. Clafford IV \*\*\*780-9613 804 Washington Ave. Owner Address: Lessee/Buver's Name: Phone: BusinessName: PO Box 5 Maple St., Lisbon Falls New England Disc. Ret. Inc. Permit Issued: Contractor Name: Address: Phone: New England Discount Retailers COST OF WORK: **PERMIT FEE:** Proposed Use: Past Use: AUG 2 2 2000 \$2,500.00 \$42.00 Commercial / Vacant Commercial/ Smke Shop FIRE DEPT. C Approved **INSPECTION:** □ Denied Use Group: M Type: CBL: Zene: BOCA99 163-A-008 Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PA.D.) rets Id Action: Approved Special Zone or Review Change bathroom to inside of store & check out counter Approved with Conditions: □ Shoreland () J REmove awning & install signage front Denied □ Wetland □ Flood Zone □ Subdivision Signature: Date: Site Plan maj Dminor Dmm D Date Applied For: Permit Taken By: August 11, 2000 GG Gayle **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ Miscellaneous 2. 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 \*\*\* Call: Mike Sherwood @ 780-9613 **Historic Preservation Not** in District or Landmark Does Not Require Review PERMIT ISSUED WITH REQUIREMENTS □ Requires Review Action: CERTIFICATION □ 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 August 11, 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PERMIT ISSUED WUEBRER **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE:

## City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

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