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: Angies Service Inc. 001070 804 Washington Ave Lessee/Buyer's Name: Owner Address: Phone: BusinessName: maine smoke shop SAA Permit Issued: Address: Phone: Contractor Name: *** Mike 780-9613**** Northern Signs **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$ 50.00 INSPECTION:5190098 retail same vacant service station retail **FIRE DEPT.** □ Approved Use Group: ☐ Denied Type: CBL: 163-A-008 Signature: Zonina Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Special Zone or Reviews: building signs Approved with Conditions: □ Shoreland remove awning Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: Sept 5 2000 K K **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ 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 Historic Preservation Not in District or Landmark ☐ Does Not Require Review □ Requires Review Action: PERMIT ISSUED CERTIFICATION WITH REOUIREMENTS □ 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 □ 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 ADDRESS: SIGNATURE OF APPLICANT PHONE: PERMIT ISSUED 2 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

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

WITH REQUARAMENTS