

Location of Construction: 801 Washington Ave		Owner: Cumberland Farms		Phone:		Permit No: <b>961108</b> <b>PERMIT ISSUED</b> Permit Issued: NOV - 7 1996 <b>CITY OF PORTLAND</b>	
Owner Address: 777 Dedham St- Canton MA 02021		Leasee/Buyer's Name:		Phone:			Zone: <u>B-1</u> CBL: <u>163-B-003</u> Zoning Approval: <u>OK 11/5/96</u> <b>Special Zone or Reviews:</b> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan <input type="checkbox"/> maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Contractor Name: 877 <del>Z</del> Dennis M. Davis		Address: 1 Florence Rd- Gray ME 04039		Phone: 657-4605			
Past Use: gas station/conv store		Proposed Use: gas station/convstore w service island		COST OF WORK: \$ 1000 PERMIT FEE: \$ 25 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: Type: Signature: <u>[Signature]</u> Signature: <u>[Signature]</u>			
Proposed Project Description: const service island		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____					
Permit Taken By: L Chase		Date Applied For: 11/5/96					

1. This permit application doesn't 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..

**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 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

CEO DISTRICT 6  
 M. Leary



COMMENTS

11-20-96 Work is all completed

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____