City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Phone: 775-2100 Location of Construction: *** Michael Scarks 997 Washington Avenue Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Ň/A ***120 Exchange St. Ptld, ME 04101 Permit Issued: Contractor Name: Address: Phone: JUN 2 1 1999 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 25.00 Ø **FIRE DEPT.** □ Approved INSPECTION: Lodging House Group Shelter Use Group: 8-1 Type: 53 ☐ Denied Zone: BOC4 96 171-A-001 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P/A.D.) Action: Approved Change of Use/No Changes Approved with Conditions: ☐ Shoreland Denied ☐ Flood Zone ☐ Subdivision ☐ Signature: Date: ☐ Site Plan mai Date Applied For: Permit Taken By: 6-15-99 Zoning Appea □ 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 **₽**Approved tion may invalidate a building permit and stop all work.. Historic Preservation Call for Pick Up: □ Not in District or Landmark Appeal Sustained □ Does Not Require Review ☐ Requires Review Action: WITH REQUIREMENTS CERTIFICATION ☐ 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 6-15-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

CEO DISTRICT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE