City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: Permit No: 9 9 Owner: 515 Woodford Street St. Ansgar Luthern Church 773-1630 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: SAA Permit Issued: ** Contractor Name: Phone: Address: FEB 2 3 1999 E.G. Johnson Co. 3 Cliff Street, Ptld, ME 04102 **COST OF WORK:** Proposed Use: PERMIT FEE: Past Use: \$ 30,000 \$ 170.00 CITY OF PORTLAND FIRE DEPT. Approved INSPECTION: Church Same Use Group: #4Type: 30 ☐ Denied CBL: 184-C-001 BOCA9 Signature: لاسنا 🗚 Eoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Approved Action: Elevator Accessibility Approved with Conditions: □ Shoreland Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: SP 2-11-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ 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 □Approved tion may invalidate a building permit and stop all work... □ Denied WITH THE YOUR LINENTS Historic Preservation ANOt 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 2-11-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**