

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

Location of Construction: 1200 Congress Street		Owner: Olympia Equity		Phone: 945-6575		Permit No: 000000	
Owner Address: 500 Main Street Bangor ME 04401		Lessee/Buyer's Name: Portland Gastroenterology		Phone:		BusinessName:	
Contractor Name: *** South Paw Design		Address:		Phone: ***** 878-0678		Permit Issued: JUN 19 2000 CITY OF PORTLAND	
Past Use: MEDICAL office		Proposed Use: same		COST OF WORK: \$ 0		PERMIT FEE: \$ 54.00	
Proposed Project Description: 2 building signs		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>Signage</i> Use Group: Type: <i>BOCA99</i>		Signature: <i>[Signature]</i>	
		Signature:		Date:		Zoning Approval: <i>[Signature]</i> 6/19/00 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: K		Date Applied For: June 8 2000 K		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				Signature:		Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	

1. This permit application does not 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 is 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

June 8 2000

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

PERMIT ISSUED WITH REQUIREMENTS

- Action:
- Approved
 - Approved with Conditions
 - Denied

Date: *[Signature]*

PERMIT ISSUED WITH REQUIREMENTS
CEO District
[Signature]