

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

Location of Construction: 1198 Congress Street		Owner: Olympia Equity		Phone:		Permit No: <b>001127</b>
Owner Address:		Lessee/Buyer's Name: Coastal Bank		Business Name:		
Contractor Name: Kochraff		Address: 686 Main street Lewiston ME		Phone: 782-9654		Permit Issued:  OCT - 6 2000
Past Use: Bank		Proposed Use: Bank		COST OF WORK: \$		
				PERMIT FEE: \$ 34.50		Zone: CBL: 100-A-013 Zoning Approval:
				INSPECTION: 5/9/00 Use Group: Type: Signature: [Signature]		
Proposed Project Description:  Amendment to Permit 000073 for sign to conceal traffic control box				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/>		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: KA		Date Applied For: May 22 2000 E		Signature: _____ Date: _____		

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..

for questions call peter at 782-9654

**PERMIT ISSUED WITH REQUIREMENTS**

**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

SIGNATURE OF APPLICANT	ADDRESS:	DATE: May 22 2000	PHONE:
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			PHONE:

Action:

Approved  
 Approved with Conditions  
 Denied

Date: \_\_\_\_\_

**PERMIT ISSUED WITH REQUIREMENTS**

COMMENTS.

9/7/01 Done. G.M.

001127  
189-A-13

BP # 001127  
CBL 189-A-013

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