Cit	y of Portland, Ma	ine - Buil	ding or Use	Permi	t Application	1 Pe	ermit No:	Issue Date	:	CBL:		
	Congress Street, 04		1 04 1104 l					190 F008001				
Location of Construction:			Owner Name:			Owner Address:				Phone:		
91 Sewall St Lai			Langdon Stree	Langdon Street Real Estate Inc			7 Langdon St					
P			Contractor Name: Patco Construction			Contractor Address: 1293 Main St Sanford				Phone		
										2073245574		
			Phone:	Phone:			it Type:			Zone:		
						For	undation Only	y/Commerci	al			
Past Use: Prop			Proposed Use:	roposed Use:			Permit Fee: Cost of Work:			CEO District:		
Parking Lot			Bus Garage /	R	(RUS WASH)				\$0.00	3		
			(,,0,		, 66, 31, 7	FIRE DEPT:		Approved		PECTION:		
l						l	L		Use G	1	Type: 3/	
								_ Denied				
						}				8/1	2/04	
Pror	posed Project Description:					1				$=$ 0/ \subset	$\langle A \rangle$	
_			oft. Bus Garage	(B)	s wasH	Signature: Sign.			Signati	ature Chille		
FOUNDATION ONLY for a 2400 sq.ft. Bus Garage						PEDESTRIAN ACTIVITIES DISTRICT						
							on: Appro	ved Ap	proved w	/Conditions	Denied	
						Signature:				Date:		
Permit Taken By: Date Applied For:			T -		Zoning Approval							
mj	<u>-</u>	1	7/2004				ZJOIIII	SAPPION	41			
1. This permit application of		on does not	loes not preclude the		Special Zone or Reviews		Zoning Appeal			Historic Preservation		
••	Applicant(s) from meeting applicable		- '				Variance			☐ Not in District or Landmar		
Federal Rules.		U 11										
2. Building permits do not include plumbing,			alumbing	Wetland			Miscellaneous			Does Not Require Review		
septic or electrical work.												
3. Building permits are void if work is not started			e is not started	Flood Zone			Conditional Use			Requires Review		
within six (6) months of the date of iss												
False information may invalidate a				Subdivision		☐ Interpretation			Approved			
permit and stop all work										''		
				Site Plan			Approved			Approved w/Conditions		
] —					
			Maj Minor MM			Denied			Denied			
				Date:			Date:			Date:		
							1					
				(CERTIFICATI	ΩN						
I he	reby certify that I am t	he owner of	record of the na				mosed work i	s authorizad	hy tha	owner of recor	d and that	
	ve been authorized by											
	sdiction. In addition, i											
	l have the authority to											
such	n permit.											
SIG	NATURE OF APPLICANT				ADDRES			DATE		PHO	NF	
510	ORE OF THE EIGHT				ADDICES	,		שאוו	,	rno		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE			PHONE		