City of Portland, Maine - Buil	ding or Use Permit Applicati	ion 389 Congres	s Street,	04101, Tel: (207) 8	74-8703, FAX: 874-8716
Location of Construction:	Owner:		Phone:	774-3603	Permit No:9 8 1 0 8 0
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	PERMIT ISSUED
Contractor Name:	Address:	Phone: (84103 757-6148			Permit Issued: SEP 2 5 1998
Past Use:	Proposed Use:		COST OF WORK: PERMIT FEE: \$ 95.00		3EF Z 3 1990
g ∽ laut		FIRE DEPT.	Approved Denied	INSPECTION: Use Group: Type:	CITY OF PORTLAND
		Signature:		Signature:	Zone: CBL: 195-9-607
Proposed Project Description:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved			Zoning Approval:	
angle Story Addition — to	Approved with Conditions:		Special Zone or Reviews: Shoreland Wetland Flood Zone		
		Signature:		Date:	☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐
Permit Taken By:	Date Applied For:	.) September 1.	99E		Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 					☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
				WITH REQUIREMENT	Historic Preservation □ Not in District or Landmark □ Does Not Require Review □ Requires Review Action:
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					n, Denied
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SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
RESPONSIBLE PERSON IN CHARGE OF V	WORK, TITLE			PHONE:	CEO DISTRICT

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector