

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

Location of Construction: 9 Johnson Road		Owner: Transport Leasing		Phone: none given		Permit No: <b>991142</b>
Owner Address: 9 Johnson Road		Lessee/Buyer's Name: Time Warner Cable		Phone: N/A		
Contractor Name: Randall Construction		Address: Scarborough, ME		BusinessName: Time Warner Cable		Permit Issued: <b>OCT 19</b>
Past Use:  Office/Warehouse		Proposed Use:  Same		COST OF WORK: \$ 20,000 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <b>B</b> Type: <b>3B</b> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		
Proposed Project Description:  Interior renovation.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> Signature: <i>[Signature]</i>		Zone: <b>B-4</b> CBL: 214-A-A-001 Zoning Approval: 214-A-A-001 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"/> <b>10/18/99</b>
Permit Taken By: GD		Date Applied For: 10-13-99				

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..

Call Charlie Randall 838-0859

## 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

10-14-99

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

<b>Zoning Appeal</b> <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	
<b>Historic Preservation</b> <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review	
<b>Action:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied Date: <i>[Signature]</i>	
<b>PERMIT ISSUED</b> WITH REQUIREMENTS 3 CEO DISTRICT ub	