## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Phone: Permit No: 2015 Congress St. 99105 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: \*\*774-2526 1385 Congress St. Ptld \*\*\* Mark Harrington Lucas Inc. Agency 04102 Permit Issued: Contractor Name: Address: Phone: SFP 28 ----COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ Ø 30.00 Professional Office 1-Family FIRE DEPT. □ Approved INSPECTION: Use Group: B Type: 53 ☐ Denied Insurance Agency CBL: BOCA46, Zone 216-A-013 Signature: Signature: Proposed Project Description: Zoning Approyal: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Change of Use from a 1-family residence to a professional Action: Approved Insurance AGency Approved with Conditions: office building. ☐ Shoreland Denied □ Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: 9-17-99 UB **Zoning Appeal** This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. ☐ Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. ☐ Interpretation tion may invalidate a building permit and stop all work.. ☐ Approved ☐ Denied \*\*\*Call for Pick Up: Historic Preservation Mark Harrington 774-2526 Not in District or Landmark Lucas Ins. Agency ☐ Does Not Require Review ☐ Requires Review PERMIT ISSUED Action: WITH REQUIREMENTS CERTIFICATION ☐ Appoved 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 ☐ Approved with Conditions 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, □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 9-17-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 3 RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT**

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

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