	,			
Location of Construction: Owner:			Phone:	Permit No9 80538
1552 Congress St	Gillette, I		871-9080	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
14 Oakdale Rd Falmouth, ME		8 Market St Ptld, 1	TE 04101 774-7955	
Contractor Name:	Address:	Phone:		Perinit Issued:
Ted Gwotz 99 Atlantic Ave		934-5574		
Past Use:	Proposed Use:	COST OF WORK		
		\$	\$ 25.00	OTVOT DODTI AND
2-fam	3-fam	FIRE DEPT. 🖬 A	pproved <b>INSPECTION</b> :	CITY OF PORTLAND
			enied Use Group <b>A</b> Type:5	3
			BACAGE, M	<b>Zone: CBL</b> : 220–A–001
			Juz Signature: Hoffal	
Proposed Project Description:		PEDESTRIAN AC	TEVITIES DISTRICT (P	Zoning Approval:
Action: Approved $VU$				Special Zone or Reviews
			pproved with Conditions:	$] \square$ Shoreland $MA$
Change Use Denied				
				□ Flood Zone
		Signature:	Date:	□ Subdivision
Permit Taken By:	Date Applied For:			□ Site Plan maj □minor □mm □
		18 May 1998		7
				Zoning Appeal
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.				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				□ Interpretation
tion may invalidate a building permit and stop all work.				□Approved
				🗆 Denied
				Historia Dressmustian /2
Mail to Alanna York				Historic Preservation
	Does Not Require Review			
Mail to Alanna York WITH REQUIREMENTS CERTIFICATION				□ Requires Review
VUIRENED				
			MENT	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				<sup>1</sup> Date:
The a M M M M M M M M M M M M M M M M M M				
SIGNATURE OF APPLICANT ADDRESS: 747 DATE: PHONE:				_
SIGNATURE OF APPLICANT ADDRESS: WHICH DATE: PHONE:				
		~ .		
<b>RESPONSIBLE PERSON IN CHARGE OF WOR</b>	K, TITLE		PHONE:	
White–Permit Desk Green–Assessor's Canary–D.P.W. Pink–Public File Ivory Card–Inspector				

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