Location of Construction:				1060	Permit No:
650 Brighton Ave. Owner Address:	n Ave. H. Alan Mooney 828–1969 Lessee/Buyer's Name: Phone: BusinessName:				
62 Monument Sq Ste 500	Lessee/Buyer's Ivallie.	r none.	Busiliessiv	vame:	
Contractor Name:	Address:	Phone			Permit Issued:
Freeman G. Cleaves Jr	49A Pleasant Hill Roa		797 - 356	6	
Past Use:	Proposed Use:	COST OF WOR		PERMIT FEE:	MAY 1
Dentist /Offices	Dentist/Offices	\$10,000.00		\$ 84.00	
Deneibe , officed		FIRE DEPT.		NSPECTION:	_
			Denied	Use Group: ¹ 3 Type: 31/2 100 CA 99	Zonen CBL:
			Denied		
		Signature: 4			CBL: 224-AF-009
Proposed Project Description:				DISTRICT (A.D.)	Zoning, Approvat:
				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	al ~ club
Install Fire Alarm System			Approved	th Conditions: \Box	opecial Zulle Ul Reviews.
			Approved with Conditions: Denied		☐ Shoreland
			Demed		☐ Wetland
		Signature:		Date:	☐ Flood Zone □ Subdivision
Dermit Takon Bu	Date Applied For:			Date	☐ Site Plan maj ⊡minor ⊡mm □
Permit Taken By: NW		09-2000			
					Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.					□Variance
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 informa- tion may invalidate a building permit and stop all work					☐ Interpretation ☐ Approv∉d
tion may invalidate a building permit an	d stop all work				
					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					□ Appoved □ Approved with Conditions
areas covered by such permit at any reasonab				the authority to chief an	Date:
areas covered by such permit at any reasonat	he nour to emoree the provisions of the ex	de(s) applicable to such	permit		
5-09-2000					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
SIGNATURE OF AFFLICANT	ADDRESS.	DALE:	F	-none;	
					PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF V	VORK, TITLE		F	PHONE:	PERMIT ISSUED CENSI DISTRICT
Whit	e–Permit Desk Green–Assessor's C	anary–D.P.W. Pink–Pu	iblic File Ivo	ory Card–Inspector	

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

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