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:
41 Hutchins Dr	CADCAM Assoc		774-2112	981382
Owner Address: SAA	Lessee/Buyer's Name: Woodard & Curran	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Phone	:	Permit Issued:
Frank Marston	143 Mitchell Rd C.E.			
Past Use:	Proposed Use:	COST OF WORK		DEC - 9 1998
		\$ 10,000.00		
Warehouse space	conference room	FIRE DEPT.		
			enied Use Group Typ	
		Signature: -U	Um BOCH/96 Signature: Hold	<u>I-L</u> <u>238A-A-001</u>
Proposed Project Description:			CTIVITIES DISTRICT (P.A.)	D.) Zoning Approval:
		Action: A	Approved UU	D Special Zone or Reviews
Interior Renovation/Confere		Approved with Conditions:		
	I	Denied	□ □ Wetland	
				Flood Zone
		Signature:	Date:	
Permit Taken By: SP	Date Applied For:	30 November 199	98	Site Plan maj 🗆 minor 🗆 mm 🗆
				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.				☐ Miscellaneous ☐ Conditional Use
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.				
				Denied
		,	WITH REQUIREMENTS	Mistoric Preservation GNot in District or Landmark □Does Not Require Review □Requires Review Action:
	OF DELENATION		* 3	
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				been □ Appoved ↓ □ Approved with Conditions
				ter all
areas covered by such permit at any reasona	•	•		Date:
01 December 1998				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				[]
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	
Whi	te–Permit Desk Green–Assessor's Ca	nary-D.P.W. Pink-Pul	Dic File Ivory Card-Inspecto	or i i i i i i i i i i i i i i i i i i i