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 9:50833 1000 Brighton Ave Forest/CIE Ghald Feller BusinessName: Owner Address: Leasee/Buyer's Name: (4) Phone: Prlé. AND VERY MEN AND THE PROPERTY OF 774-5971 Contractor Name: Address: Phone: AUG 1 0 1995 COST OF WORK: PERMIT FEE: Past Use: Proposed Use: 35.00 FIRE DEPT. Approved INSPECTION: Parking Lot Same ☐ Denied Use Group: Zone: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Special Zone or Reviews Shoreland Approved with Conditions: Erect tent from 11 Aug thru 19 Aug 1995 Denied ☐ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐ minor ☐ mm ☐ Permit Taken By: Date Applied For: Mary Greakh 08 August 1995 **Zoning Appeal** □ Variance This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous Building permits do not include plumbing, septic or electrical work. □ Conditional Use □ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance, False informa-□ Approved tion may invalidate a building permit and stop all work... □ Denied **Historic Preservation** Not in District or Landmark Does Not Require Review ☐ Requires Review Action: CERTIFICATION □ Appoved ☐ Approved with Conditions 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 □ Denied/ 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 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 08 August 1995 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: Ken Clark PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

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Inspection Record
Type Date Foundation:
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Plumbing:
Final: Other:

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