## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Phone: 774-5891 Owner: Permit No: Howard Johnson Motel 155 Riverside Street Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Phone: Contractor Name: Address: 10 Buttonwood St. South Portland. \*\*\*Burr Signs **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: \$ 2,000 \$ 76.90 Same Mote1 **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: 267-B-001 Signature: Signature: X7 Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT ALL Approved Action: Special Zone or Review Reface existing Signs Approved with Conditions: ☐ Shoreland Denied □ Wetland 6 ☐ Flood Zone □ Subdivision Signature: Date: Permit Taken By: SP ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: 4-5-99 **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. 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-☐ Interpretation □ 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 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 4-5-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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**CEO DISTRICT**