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: 315-414-0145 The Waterford of Portland 191 Riverside Street 991254 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: N/A N/A 6701 Manlius Center East Syracuse NY N/A Permit Issued: Contractor Name: Address: Phone: 800-492-0852 P.O. Box 1478 Auburn ME *Dave Murphy Maine Metal Recyling Past Use: Proposed Use: COST OF WORK: PERMIT FEE: \$ 30,000 \$ 204.00 **FIRE DEPT.** □ Approved INSPECTION: Demolition Warehouse □ Denied Use Group: Type: CBL: 268-A-002 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Demolition of building and removal of slab & frost wall. Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: □ Subdivision ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 11-10-99 UB **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 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 ** Call for Pick Up Dave Murphy 800-492-0852 Historic Preservation □ Not in District or Landmark / □ Does Not Require Review □ Requires Review PEPMIT ISCHED WITH REQUIRE 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 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

11-10-99	
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SIGNATURE OF APPLICANT ADDRESS: DATE:

PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

PHONE:

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

WITH REQUIREME

Date:

CEO DISTRICT

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