## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: City of Portland Location of Construction: Phone: Permit No: 1145 Brighton Ave. 774-2623 Barron Center 99.095 Lessee/Buyer's Name: Owner Address: Phone: BusinessName: 1145 Brighton Ave. Portland, ME Permit Issued: Contractor Name: Address: Phone: P.O. Box 35, Gray, ME 04039 \*\*\*A.L. Doggett Inc. SFP - 7 1999 COST OF WORK: Past Use: Proposed Use: PERMIT FEE: \$ Ø \$ 45.00 Hospital Same FIRE DEPT. Approved INSPECTION: ☐ Denied Use Group: Type: Zone: | CBL: 269-B-001 Signature: Signature Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (F Action: Approved Removal of one underground storage tank and install one Special Zone or Reviews: Approved with Conditions: 10000 gallon UG Storage tank. ☐ Shoreland Denied □Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: Date Applied For: SP 9-1-99 Zoning Appeal ☐ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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 □ Approved tion may invalidate a building permit and stop all work.. \*\*\*\* Send To: A.L. Doggett Inc. ☐ Denied P.O. Box 35 Gray, Maine 04039 **Historic Preservation** ☐ Not in District or Landmark PERMIT ISSUED ☐ Does Not Require Review WITH REQUIREMENTS ☐ Requires Review Action: CERTIFICATION ☐ Appoved 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 □ Approved with Conditions ☐ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 9-1-99 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**CEO DISTRICT** 

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