Permit No: 980568 Location of Construction: Phone: Owner: Marc N. Karen 773-4963 959 Brighton Ave **Owner** Address: Lessee/Buyer's Name: Phone: PERMIT ISSUED BusinessName: SAA Casco Bay Rehabilitation Fermit Issued: Contractor Name: Address: Phone: - 3 1998 413 Western Ave, So. Portland, ME 04106 773-5499 Fastsigns COST OF WORK: **PERMIT FEE:** Proposed Use: Past Use: 33.85 \$ \$ **CITY OF PORTI** FIRE DEPT. Approved INSPECTION: 5791 Medical Offices □ Denied Use Group: Type: zone: R-P CBL: 275-D-001 Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT Special Zone or Review Action: Approved Approved with Conditions: □ Shoreland Replace Signage 44.45 Sg Ft Denied □ Wetland □ Flood Zone Signature: □ Subdivision Date: Site Plan mai Dminor Dmm D Permit Taken By: Date Applied For: Mary Gresik 26 May 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. 1. □ 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 □ 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 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 27 May 1998 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716