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:
	David 1		874-2959	Permit No. 0 3 4 ^Q
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
** P.O. Box 142 Bar Mills,		N/A	N/A	Permit Issued:
Contractor Name:	Address:	Phone:	National Control	1 crime 133ded.
Maine Bay Canvas	53 Industrial Way, I Proposed Use:	Portland, ME COST OF WORK:	Not Given PERMIT FEE:	
Past Use:	Proposed Ose.	\$ Ø	\$ 87.60	APR 1 9
Bus/Use	Same			
		FIRE DEPT. □ Ap	-	
		□ Der		Zone: CBL:
		Signature:	BOCA 99 Signature: Holls	292-B-013
Proposed Project Description:			FIVITIES DISTRICT (P)	Zoning Approval:
		proved		
Awning, and one 48 sq. ft.		proved with Conditions:	_ Special Zone of Reviews: /	
			nied	□ □ Shoreland N/A 4 19/0
			med	□ Flood Zone
		Signature:	Date:	Subdivision
Permit Taken By:	Date Applied For:			☐ Site Plan maj ☐minor ☐mm ☐
KA	= m:	4-3-00		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work. 				Zoning Appeal ☐ Variance
				☐ Miscellaneous
				□ Conditional Use
				□Interpretation
				☐ Approved
				□ Denied
				Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				DNot in District or Landmark
				□ Does Not Require Review
				☐ Requires Review
			WITH REQUIREME	
			William	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 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,				
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	oplication is issued, I certify that the code official			er all
	easonable hour to enforce the provisions of the			Date:
	•			
		4-3-00		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	[
SIGNATURE OF ATTLICANT	ADDICESS.	DAIL,	THOME.	TOUT ICCUEN
				PERMIT ISSUED
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				WEED BISHREM ENTS
	Minita Parmit Dock Groon Assassor's	Conomi D DW - Dimb - Dimb	la Eila I branz Cand Inner 14	