



Inspection Services
Michael J. Nugent
Manager

Department of Urban Development
Joseph E. Gray, Jr.

CITY OF PORTLAND

August 14, 2001

G.W. Bell Antiques
124 Gray Road
Falmouth, Maine 04105

Certified Mail: 70001670000030722025

To Whom It May Concern;

Re: 1190 Forest Avenue
C-B-L: 293-A-007

After careful review of the above stated address, we have not been able to locate any documentation pertaining to a Change of Use to conduct business at this location.

A *Change of Use Permit* will be needed in order for Inspection Services to approve your request for a Business License.

Unfortunately, at this time, we must **deny** your request for a Business License and forward it to the City Clerk's office, along with a copy of this letter.

Enclosed you will find an application for a Change of Use. I have filled out some of the information for you, and highlighted the areas of the additional submissions that will be needed to review the request. Please note if the you are not doing anything structural you will still need to submit the floor plan, showing all interior wall and complete store lay-out including egress.

I have also included a *Sign Permit* for your convenience. Again, both of these permits must be obtained before we can approve your request to conduct business.

If you have any questions, I may be reached at 207-874-8701, weekdays from 8:00 a.m. to 4:30 p.m.; the office hours are 7:30 a.m. to 4:00 p.m. weekdays to submit the applications.

Sincerely,

Jodine L. Adams
Office Manager

Cc: City Clerk
File

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly)	B. Date of Delivery
<p>1. Article Addressed to:</p> <p>GW Bell Antiques 124 Gray Rd Falmouth, ME 293-A-007 04105</p>	<p>C. Signature</p> <p><i>X Lucia Bell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>2. Article Number (Copy from service label)</p> <p>70001670 0000 3072 2018 25</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>PS Form 3811, July 1999</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>Domestic Return Receipt 102595-00-M-0952</p>		



UNITED STATES

POSTAL SERVICE



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DEPT OF PLANNING & URBAN DEVELOPMENT
PORTLAND CITY HALL ROOM 315
389 CONGRESS STREET
PORTLAND, MAINE 04101

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7000 1670 0000 3072 2025

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Recipient's Name <i>(Please Print Clearly) (to be completed by mailer)</i>
Street, Apt. No., or PO Box No.
City, State, ZIP+4