## 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: \*\*1418 Forest Ave 000316 \*\*\* JamesTerry 854-9184/ Owner Address: Lessee/Buver's Name: Phone: BusinessName: Contractor Name: Permit Issued: Address: Phone: Proposed Use: COST OF WORK: PERMIT FEE: Past Use: \$ 610 **9600** 6.00 Alie same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Use Group: Type: CBL: gne+7 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions: ☐ Shoreland / Ch Amendment to closed out file # 980394 Denied □ Wetland Pit Green House ☐ Flood Zone ☐ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: K March 29 2000 K 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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. tion may invalidate a building permit and stop all work.. ☐ Approved ☐ 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 March 29 2000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE
PHONE:

PERMIT ISSUED CHARINETERISTREMENTS