

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

Location of Construction: 324 WARREN AVE *****		Owner: ***** D.P. BAKER ****		Phone: 797-3159		Permit No: <b>001407</b>	
Owner Address: SAA		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: SAA		Address:		Phone:		Permit Issued:	
Past Use:  VEHICLE SALES		Proposed Use:  SAME		COST OF WORK: \$ 49,800.00		PERMIT FEE: \$ 324.00	
Proposed Project Description:  45X45 MASONARY <del>BLOCK</del> <sup>BUCK</sup> BUILDING		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied  Signature: <i>[Signature]</i>		INSPECTION: Use Group: <i>S-1</i> Type: <i>3B</i> <i>Boca99</i> Signature: <i>[Signature]</i>			
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>  Signature: _____ Date: _____			
Permit Taken By: K		Date Applied For: DEC. 13 2000					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

**PERMIT ISSUED  
WITH REQUIREMENTS**

## CERTIFICATION

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, 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

SIGNATURE OF APPLICANT \_\_\_\_\_ ADDRESS: \_\_\_\_\_ DATE: DEC 13 2000 K PHONE: \_\_\_\_\_

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE \_\_\_\_\_ PHONE: \_\_\_\_\_

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

**Historic Preservation**  
☒ Not in District or Landmark  
☐ Does Not Require Review  
☐ Requires Review

**Action:**  
☐ Approved  
☐ Approved with Conditions  
☐ Denied

Date: *[Signature]*

**PERMIT ISSUED  
CEO DISTRICTS  
WITH REQUIREMENTS**