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

Location of Construction:  655 Riverside St  Owner:  Porter Drywal:		.11	Phone: 878-2024	Permit No: 9 8 1 0 7 4
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
89 Auburn St Ste 1004 Ptld, ME 04103  Contractor Name: Porter Drywall/SAA  Address: Phone:				Permit Issued: SEP 2 4 1998
Past Use:	Proposed Use:	COST OF WOR \$ 5,000.00	1	-   OLI L 4 1000
Flex Tenant	millwork some	FIRE DEPT.		Zone: CBL: 31/-A-COC
Proposed Project Description:	per pour		ACTIVITIES DISTRICT (P.A.D.)	Zoning Approval
Build Office & Bathroom  Action: Approved Approved with Denied  Signature:			Approved with Conditions:	☐ Special Zone or Reviews: ☐ ☐ Shoreland ☐ Wetland ☐ Flood Zone ☐ Subdivision
Permit Taken By: UB	Date Applied For:	September 1998	Date.	Disite Plan maj Mininor Dmm D
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
tion may invalidate a building permit and stop all work  WITCH IS CONTROL MENTS				
	☐ Does Not Require Review☐ Requires Review			
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				Action:
				n, Denied
areas covered by such permit at any reasonable	e hour to enforce the provisions of the co	de(s) applicable to such	permit	Date.
17 September 1998				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF W		PHONE:	CEO DISTRICT /	
White	-Permit Desk Green-Assessor's Ca	nary–D.P.W. Pink–Pເ	ublic File Ivory Card-Inspector	ARIDC