City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: *** James Nathan Schrock Location of Construction: Phone: 797-8845 Permit No: 001305 94 Wall Street Lessee/Buyer's Name: Phone: BusinessName: Owner Address: SAA Permit Issued: Contractor Name: Address: Phone: **COST OF WORK:** PERMIT FEE: Past Use: Proposed Use: \$30.00 \$650.00 **FIRE DEPT.** □ Approved INSPECTION: xxxxxx single family same Use Group: 4 Type: 5/3 ☐ Denied BOCAGA **CBL**: 340-J-015 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P. Action: Approved Approved with Conditions: ☐ Shoreland A shed Denied □ Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: Nov 13 2000 JA **Zoning Appeal** □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 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. □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation PETTINE ISSUED WITH REQUIREMENTS Not in District or Landmark ☐ Does Not Require Review ☐ Requires Review 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 □ Approved with Conditions □ 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit Nov 14 2000 K SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector