Location of Construction:	Owner: Phone:		Permit No:		
<u>340 Allen Ave 04103</u>	Robert Lockard	657-2150       Phone:     BusinessName:			991397
Owner Address: Dry Mills Rd Gray Me	Lessee/Buyer's Name: North Gate Barber Shope	Phone:	Busines	sName:	
Contractor Name:	Address:	Phone:		Permit Issued:	
Past Use:	Proposed Use:	COST OF W		PERMIT FEE:	
Past Use:	rioposed Use.	\$54 sf	OKK.	\$ 40.80	
Derter Cher	same	FIRE DEPT.          Approved               INSPECTION: 5/ 94 9                 Denied              Use Group: Type:			
Barber Shop					Zone; CBL:
		Signature:		MOCA 96 Signature: Holly	13 244-E-037
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.)					Zoning Approval:
		Action: Approved UU  Approved with Conditions:			Special Zone or Reviews:
Lg pole sign, sm pole sign, 2 building signs			Approved v Denied	U Shoreland	
			Demea		
		Signature:		Date:	
Permit Taken By: K	Date Applied For: Dec 20	) 1999 К			□ Site Plan maj □minor □mm □
					Zoning Appeal
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <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>					
					□ Conditional Use □ Interpretation
	-				Denied
					Historic Preservation
					☐ Not in District or Landmark ☐ Does Not Require Review
			nrD	MIT ISSUED	Action:
PERMIT ISSUED         CERTIFICATION       WITH REQUIREMENTS         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,					
					□ Appoved □ Approved with Conditions
	cation is issued, I certify that the code official's au			ve the authority to enter all	Date:
areas covered by such permit at any reason	nable hour to enforce the provisions of the code(s	s) applicable to s	such permit		
Dec 20 1999					
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
<b>RESPONSIBLE PERSON IN CHARGE O</b>	F WORK, TITLE			PHONE:	
w	'hite–Permit Desk Green–Assessor's Canar	v–D.P.W. Pink	-Public File	lvory Card-Inspector	

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

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