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:
340 Allen Ave 04103	Robert Lockard		657-2150	
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Dry mills Gray ME	Judith LaRsen		Northgate barber Shor	
Contractor Name:	Address:	Phone	e:	Permit Issued:
D . II	D 111	COST OF WOR	V. DEDMIT DEL	
Past Use:	Proposed Use:	\$ ₀	K: PERMIT FEE: \$ 30.00	120
Book Store gift shop	Hair dresser/barber shop			
	mail dieser, sarser snep		Denied Use Group: 12 Type:	20)
			BOCAGE -1 011	Zone:_ CBL:
Proposed Project Description:		Signature:	Signature: Hoffn	
Proposed Project Description.		1	CTIVITIES DISTRICT (PA.D.	'_
			Special Zone or Reviews:	
Change of use book store/gift shop		Denied	□ Shoreland □ □ Wetland	
				☐ Flood Zone
		Signature:	Date:	□Subdivision
Permit Taken By: K	Date Applied For: Dec	20 1999 K		Site Plan maj □minor □mm □ hote A Secon Source precion
				Zorling Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				☐ Miscellaneous ☐ Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				☐ Interpretation
tion may invalidate a building permit and stop	□Approved			
				□ Denied
				Historic Preservation
				☐ Not in District or Landmark ☐ Does Not Require Review
				☐ Requires Review
				·
			PERMIT ISSUED	Action:
CERTIFICATION WITH REQUIRENTS 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,				
authorized by the owner to make this application a if a permit for work described in the application is				
areas covered by such permit at any reasonable ho				Date:
1	1	7 11	F	
	Dec	c 20 1999		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				Dear.
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE		PHONE:	PERMIT ISSUED 2 WINE RESTRICTOR
				" MAKEUUTREMENTS
White-Pe	rmit Desk Green–Assessor's Canai	ry-D.P.W. Pink-Pu	blic File Ivory Card-Inspector	