## 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:430 Riverside Industrial Parkway(Unifirst Corp.)-ownerPhone:			Phone: 797–4006	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	991046
SAA				
Contractor Name:Address:Phone:* Northeast Mechanical Corp.139 CAsh St. South Portland, ME 04106799-8533			Permit Issued:	
Past Use:	Proposed Use:	COST OF WOR \$ 7,000	\$ 66.00	SEP 2 4
Vacant	To enclose new tank.	FIRE DEPT. D	Denied Use Group: Type:	<b>Zone: CBL</b> : 354-B-002
Proposed Project Description:		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved		Zoning Approvation of 24499
Installation of enclosure over new diked tank.		Approved with Conditions:		$\Box$   $\Box$ Shoreland
2x4 framing and straping/		Denied		□ □ Wetland
		Signature:	Date:	☐ Flood Zone ☐ Subdivision
Permit Taken By: UB	Date Applied For:		Dute.	Site Plan maj 🗆 minor 🗆 mm 🗆
UB Sept. 20, 1999			Zoning 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- tion may invalidate a building permit and stop all work				Interpretation Approved Denied
	*** <mark>Please SEnd T</mark>	*	lechanical Corporation	
		139 Cash Si South Port:	t. land, ME 04106	Historic Preservation Whot in District or Landmark Does Not Require Review Requires Review
PERMIT ISSUED WITH REQUIREMENTS				Action:
I hereby certify that I am the owner of record of authorized by the owner to make this application if a permit for work described in the application areas covered by such permit at any reasonable	of the named property, or that the proposed w tion as his authorized agent and I agree to c on is issued, I certify that the code official's	onform to all applicable authorized representati	e laws of this jurisdiction. In additive shall have the authority to enter	een Deproved with Conditions
		9-20-99		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF W	VORK, TITLE		PHONE:	
White	e–Permit Desk Green–Assessor's Car	nary–D.P.W. Pink–Pu		ub