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:
94 Auburn Street Portland 04103	Owen Pickus			9908/4
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
94 Auburn Suite 3	Port City Physical Therapy			
Contractor Name:	Address:	Phor	ne:	Permit Issued:
* Grinnell Fire Protection	** 20 Thomas Dr. Westbro	ok ME		ALIC C
Past Use:	Proposed Use:	COST OF WOR		• "
		\$ 1665.00 \$ 36.00		00
office use	same	FIRE DEPT. Approved INSPECTION: □ Denied Use Group: Type		TION:
				.
			UHM7 BOCA	Zone: CBL: 375-A-023
Proposed Project Description:			ACTIVITIES DISTR	——————————————————————————————————————
Troposou Troject - south nom		Action:	No Zan	
		Action.	Approved with Cond	Special Zone or Reviews:
Fire alarm system installa	ion	Approved with Conditions: Denied		
			Dellieu	
		Signature:	Da	☐ Flood Zone ☐ [[[] [] [] [] [] [] [] [] [
	Data Applied Com	Signature.	Da	Site Plan maj □minor □mm □
Permit Taken By: K.	Date Applied For:	. 10 1999 K.		
				Zoning Appeal
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. Building permits do not include plumbing, septic or electrical work. 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 				□ Variance
				☐ Miscellaneous
				☐ Conditional Use
				□ Interpretation
				│ □ Approved │ □ Denied
				Demed
PERMIT ISSUED WITH REQUIREMENTS				Historic Preservation □ 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 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				
				tion In addition Denied
				tion. In addition,
if a permit for work described in the applica	able hour to enforce the provisions of the coo	de(s) applicable to suc	nive siiaii iiave iiie aui. h nermit	Date:
areas covered by such permit at any leasons	ione hour to entorce the provisions of the con	actor applicable to suc	n permit	
		,		
		Aug. 10, 199		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE	:
				<u> </u>
DEGRANGIBLE DEDGON IN CHARGE OF	WORK TITLE		DHONE	2
RESPONSIBLE PERSON IN CHARGE OF	WURN, IIILE		PHONE	CEO DISTRICT
Wh	ite-Permit Desk Green-Assessor's Ca	nary-D.P.W. Pink-P	ublic File Ivory Car	d-Inspector
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