## 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 **6**: **2** 1 3 (Northgate) Shaw's Realty Co. 77 Auburn St Owner Address: Lessee/Buver's Name: Phone: BusinessName: CVS Pharmacy Contractor Name: Address: Phone: Bailey Sign Co. 774-2843 9 Thomas Dr WEstbrook, ME 04092 **COST OF WORK:** Past Use: Proposed Use: **PERMIT FEE:** 28,20 FIRE DEPT. □ Approved INSPECTION: Retail Same Use Group: ☐ Denied CBL: 375-C-001 Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.) Action: Approved Special Zone or Re Approved with Conditions: ☐ Shoreland ANC Erect Signage 16 Sq Ft Denied □ Wetland ☐ Flood Zone Signature: □ Subdivision Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: MG 25 November 1998 Zoning Appeal □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. ☐ Miscellaneous 2. 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 ☐ Approved tion may invalidate a building permit and stop all work.. □ Denied 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 ☐ 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 25 November 1998 ADDRESS: SIGNATURE OF APPLICANT DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICT** White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector