Location of Construction: Owner: Phone:				Permit No:
380 Auburn St	Pamela Anze		878-3540	<u> </u>
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	O TULL C
				PerREBMIT ISSUED
Contractor Name:	Address:	Phone:		
Dead River Co.		ough, <u>ME</u> 0407 COST OF WORK		
Past Use:	Proposed Use:	CUSI OF WORK		MAR 8 1999
		P	\$ 25.00	
Medical Office	Same	FIRE DEPT. CA		ATTY OF DODTI AND
			enied Use Group: Type:	CITY OF PORTLAND
			AM Signature:	383-A-01,3
Proposed Project Description:				Zoning Approval:
Proposed Project Description.			CTIVITIES DISTRICT (P.A.D.)	11 ~~~ 311/199
		1	pproved	opecial Zone of Reviews:
Install 50 Gallon propane tar	nk		pproved with Conditions:	
			Denied	Linolialia
			_	
		Signature:	Date:	☐ Subdivision ☐ Disite Plan maj Dminor Dmm D
Permit Taken By: MG	Date Applied For:	17 March 1999		
		17 March 1999		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
				☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.				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
				Denied
				Historic Preservation
				What in District or Landmark
				Does Not Require Review
				Requires Review
				Action:
CEDTIEICATION				
CERTIFICATION 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				□ Appoved □ □ Approved with Conditions
				,
areas covered by such permit at any reasonabl				Date:
areas covered by such permit at any reasonabl	to entorce the provisions of the c	oucles applicable to such p	A ttitut	
17 March 1999				_}
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:				
RESPONSIBLE I ERSON IN UNARGE OF WORK, ITTLE PHONE.				

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