

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 1021 Ocean Ave		Owner: William Gribizis		Phone: 773-6034		Permit No: <b>001104</b>	
Owner Address: 285 Clifton St. Portland		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Dead River Company		Address: 73 Pleasant Hill Rd. Scarborough 04074		Phone: *** Dick Connolly *** 883-9515		Permit Issued: <b>SEP 29 2000</b>	
Past Use: Commercial		Proposed Use: Same		COST OF WORK: \$0.		PERMIT FEE: \$30.00	
				FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
Proposed Project Description: Install 2 - One hundred gallon above ground propane tanks		Signature:		Signature: <i>[Signature]</i>		Zone: GBL 415-B-004	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/>		Zoning Approval: <i>OK</i>	
Permit Taken By: Gayle		Date Applied For: September 26, 2000		Signature:		Date:	

- 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..

**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 areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

September 26, 2000

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
  - Miscellaneous
  - Conditional Use
  - Interpretation
  - Approved
  - Denied

- Historic Preservation**
- Not in District or Landmark
  - Does Not Require Review
  - Requires Review

- Action:**
- Approved
  - Approved with Conditions
  - Denied

Date: \_\_\_\_\_

CEO DISTRICT



COMMENTS

1/10/01

O.L.

AR

draft 001104  
CBL 415-B-4

Inspection Record

Type	Date
Foundation: _____	_____
Framing: _____	_____
Plumbing: _____	_____
Final: _____	_____
Other: _____	_____