City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Owner: **James E. MacDonald Location of Construction: Phone: 797-5865 Permit No: 04103 **46 Veranda Street 8 224 Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 74 College Street 04103 Pizza Time SAA Pizza Time Permit Issued: Contractor Name: Address: Phone: 774-3116 Lightning Electric & Refrigeration M.W. Levine P.O.B. Gray Maine 04039 854-2720 Proposed Use: **COST OF WORK:** Past Use: PERMIT FEE: \$ 6,000 \$ waived Restaurant Same **FIRE DEPT.** □ Approved INSPECTION: ☐ Denied Delivery/Take Out Use Group: Type: CBI: 429-A-004 Signature: Signature: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Addition of portable cooler on outside of building. Approved with Conditions: ☐ Shoreland Denied ☐ Wetland ☐ Flood Zone Signature: Date: ☐ Subdivision Date Applied For: ☐ Site Plan mai ☐minor ☐mm ☐ Permit Taken By: GD 10-20-99 recured An FL □ Variance This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. ☐ Conditional Use 3. 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 ***** Call for Pick UP Historic Preservation Not in District or Landmark 797-5865 ☐ Does Not Require Review James MacDonald or ☐ Requires Review 874-2767 Action: PERMIT ISSUED 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 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, □ Denied 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 10-20-99 ADDRESS: **SIGNATURE OF APPLICANT** DATE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: WICHOLDSHREMENTS White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector