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

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Location of Construction: *500 Washington Ave. 04102			Permit No:	
Owner Address: 120 Exchange St. 04101	Lessee/Buyer's Name:  *The Style Gallery	Phone: Bu	ısinessName:	991218
Contractor Name: Scarboro Signs	Address:		33–6796	Permit Issued:
Past Use:	Proposed Use:	COST OF WORK:	<b>PERMIT FEE:</b> \$ 42.80	
Vacant	Hair Salon	FIRE DEPT. ☐ Appro ☐ Denie  Signature:		Zone CBL: 429-I-007
Proposed Project Description:  Erect 1 I 1 2x20 S:	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved with Conditions:		Zoning Approval:  Special Zone or Reviews:  Shoreland Wetland Flood Zone Subdivision	
Permit Taken By: GD	Date Applied For: GD	October 19,1999  Zoning Appeal		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>				□ Variance □ Miscellaneous □ Conditional Use □ Interpretation □ Approved □ Denied
		W	PERMIT ISSUED ITH REQUIREMENTS	Vistoric Preservation  □ Not in District or Landmark  □ Does Not Require Review  □ Requires Review  Action:
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				on, ☐ Denied
SIGNATURE OF APPLICANT	ADDRESS:	October 19,1999 DATE:	PHONE:	DEDMIT IOCUED
RESPONSIBLE PERSON IN CHARGE OF W	ORK, TITLE		PHONE:	PERMIT ISSUED———————————————————————————————————
White	–Permit Desk Green–Assessor's Car	nary–D.P.W. Pink–Public I	File Ivory Card-Inspector	