

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

Location of Construction: 1334 Washington Ave		Owner: 1334 Washington Avenue Associates		Phone:	
Owner Address:		Leasee/Buyer's Name: Playcare Learning Center		Phone: 878-6898	
Contractor Name: Freeman Cleaves		Address: 49A Pleasant Hill Rd Falmouth, ME 04105		Phone: 797-3566	
Past Use: Daycare		Proposed Use: Same		COST OF WORK: \$ 1,900.00 PERMIT FEE: \$ 30.00	
Proposed Project Description: Install Fire Alarm System		FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: <i>[Signature]</i>		INSPECTION: Use Group: Type: Signature: <i>[Signature]</i>	
Permit Taken By: Mary Gresik		Date Applied For: 08 October 1996		PEDESTRIAN ACTIVITIES DISTRICT (P.U.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: Date:	

Permit No **961012**

PERMIT ISSUED

OCT 10 1996

CITY OF PORTLAND

Zone: CBL: 437-A-001

Zoning Approval: *OK w/31/96/9/1*

Special Zone or Reviews:

Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

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: 10/8/96

[Signature]

CEO DISTRICT 6

m. leary

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
 2. Building permits do not include plumbing, septic or electrical work.
 3. 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 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

Freeman Cleaves 49A PLEASANT Hill Rd 08 October 1996 797-3566
 SIGNATURE OF APPLICANT Freeman Cleaves ADDRESS: FALMOUTH, DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: