

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

Location of Construction: 24 Preble Street 3rd Floor		Owner: Pennesseewasee LLC		Phone: 207-773-5661		Permit No: 900149
Owner Address: 24 Preble St. Suite 400, Portland, ME 04101		Lessee/Buyer's Name: N/A		Phone: N/A		
Contractor Name: **Maguire Construction, INC		Address: 634 North Road, Yarmouth, ME 04096		Phone: 846-5105		Zones: B-3 CBL: 037-F-007
Past Use: Vacant Office Space		Proposed Use: Office Space		COST OF WORK: \$ 89,000.00 PERMIT FEE: \$ 558.00 FIRE DEPT. <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: B Type: 3B Signature: <i>[Signature]</i> Signature: <i>[Signature]</i> PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied <input type="checkbox"/> Signature: _____ Date: _____		
Proposed Project Description: Tenant Fit Up - 3rd floor						
Permit Taken By: UB		Date Applied For: 2-25-00				

1. This permit application does not 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..

Send to: Maguire Construction Inc.
634 North Road
Yarmouth, ME 04096

**PERMIT ISSUED
WITH REQUIREMENTS**

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

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 2-25-00 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

**PERMIT ISSUED
WITH REQUIREMENTS**

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