## City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Permit No: 9 8 1 0 2 5 Location of Construction: Phone: Owner: City of Portland Baxter Blvd/Preble St Ext Owner Address: Lessee/Buyer's Name: Phone: BusinessName: Permit Issued: Address: Phone: Contractor Name: 15 Mackworth St Portland, ME 04103 842-5547 Meg Handlin 1 1998 **COST OF WORK:** PERMIT FEE: Proposed Use: Past Use: 35.00 INSPECTION: FIRE DEPT. Approved ☐ Denied Use Group: // Type: **CBL**: 443-A-001 Zoning, Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved with Conditions: ☐ Shoreland Erect Tent 19 September 1998 Denied □Wetland ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Date Applied For: Permit Taken By: MG 02 September 1998 **Zoning Appeal** □ 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. ☐ Conditional Use ☐ Interpretation Building permits are void if work is not started within six (6) months of the date of issuance. False informa-3. □ Approved tion may invalidate a building permit and stop all work... □ Denied Historic Preservation □ Not in District or Landmark Does Not Require Review ☐ Requires Review Action: CERTIFICATION ☐ Appoved ☐ Approved with Conditions 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, □ 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 03 September 1998 DATE: SIGNATURE OF APPLICANT ADDRESS: PHONE: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

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

CEO DISTRICT