City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716 Location of Construction: Owner: Permit No: City of Portland 46 Commercial St Lessee/Buyer's Name: Owner Address: Phone: BusinessName: Casco Bay Lines Permit Issued 2 Contractor Name: Address: Phone: 299 Forest Ave Ptld, ME 04101 The Signery COST OF WORK: PERMIT FEE: Proposed Use: Past Use: 49.80 \$ Use Group: Type: FIRE DEPT. Approved KXXXXXXXXXXXXX ☐ Denied Zone: CBL: BGCA96 Commercial 一世上りんし Signature: Signature: Zoning Approval Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAID. Action: Approved Special Zone or Reviews: Approved with Conditions: ☐ Shoreland Denied Erect Signage ☐ Flood Zone □ Subdivision Signature: Date: ☐ Site Plan maj ☐minor ☐mm ☐ Permit Taken By: Date Applied For: 20 JU1y 1998 SP **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 Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 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 □ Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit 20 July 1998 SIGNATURE OF APPLICANT ADDRESS: PHONE: RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE: **CEO DISTRICI**

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