City of Portland, Maine - Bu	O			2014 00590	issue Date.	O10 E001001	
389 Congress Street, 04101 Tel:	<u> </u>	s, Fax: (207) 874-8		2014-00580		010 E001001	
Location of Construction: 184 ANDERSON ST (200) Owner Name: WOJCIK JOS		ЕРН В ЈК	Owner Address: 211 FALMOUTH RD FALMOUTH, ME 04105			Phone: ΓH ,	
Business Name: Urban Farm Fermentory	Contractor Name	Contractor Name: Phone:		actor Address:	Phone		
Lessee/Buyer's Name	Phone:			t Type:	Zone:		
Eli Cayer	(207) 773-833	1	Change of Use - Commercial		ILb		
Past Use:	Proposed Use:	-		Permit Fee: Cost of Work:		CEO District:	
production of Pure Pops, Winery & production vacant warehouse space Winery, dr		Kitchen, bakery & F pure pops, ng room for herbs & ce for temporary		\$105.00 \$1,000.00 1 INSPECTION:			
Proposed Project Description:			1				
Change of use from vacant warehou		• •					
Farm Fermatory) to warehouse & ta access tasting space, convert boiler recognize area used for "temporary"		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved W/Conditions Denied					
r				Signature: Date:			
•	Applied For: 28/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc		Not in District or Landmar	
 Building permits do not include plumbing, septic or electrical work. 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 		☐ Wetland		Miscell	aneous	Does Not Require Review	
		Flood Zone		Condition	Conditional Use Requires Review		
		Subdivision		Interpre	☐ Interpretation ☐ Approved		
	Site Plan		Approv	Approved Approved w/Conditions			
	Maj Minor MM		Denied	Denied Denied			
	Date:		Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all as such permit.	to make this appl for work describe	lication as his authored in the application	at the ized a is issu	proposed work gent and I agree ed, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		