Cit	ty of Portland, Main	ne - Buil	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
	Congress Street, 0410		U			2015-00004			010 E002001	
Location of Construction: 170 ANDERSON ST (Unit 1)			Owner Name: EAST BAYSIDE STUDIOS LLC			Owner Address: 273 CONGRESS ST PORTLAND, ME 04101		, ME	Phone:	
Busi	iness Name:									
Lessee/Buyer's Name Ph			Phone:		Permit Type: Change of Use - Commercial				Zone:	
Past Use:			Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
Vacant Space - Industrial Light Manufacturing			Bicycle Repair and ancillary retail		INSPI	\$125.00 \$1,000.00 SPECTION:			1	
1 1	posed Project Description: ange of use from light in	duatrial to	Bicycle Repair	& ancillary retail						
					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Signature: Date:					
Permit Taken By: Date Applied For: 01/02/2015				Zoning Approval						
This permit application does not a Applicant(s) from meeting application Federal Rules.				Special Zone or Reviews Shoreland		Zoni	Zoning Appeal Variance		Historic Preservation	
						☐ Varianc			Not in District or Landmar	
 Building permits do not include plur septic or electrical work. Building permits are void if work is within six (6) months of the date of False information may invalidate a be permit and stop all work 			-	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
			of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan			Conditional Use		Requires Review	
			a canang			Interpre	☐ Interpretation ☐ Approved ☐		Approved	
						Approv			Approved w/Conditions	
				Maj Minor MM		Denied	☐ Denied		Denied	
				Date:		Date:	Date:		Date:	
I ha juri sha	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to en the permit.	ne owner t a permit fo	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work gent and I agree ed, I certify tha	e to conform to t the code offici	all appl ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE		