City of Portland, Maine - I	O		uon	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	el: (207) 874-8703	s, Fax: (207) 874-8	8716	2014-02532		010 E002001	
Location of Construction: 170 ANDERSON ST			Owner A 273 CC 04101		Γ PORTLAND	Phone:	
Business Name:						I	
Lessee/Buyer's Name Phone:		Permit Ty				Zone:	
D. 417	D	D IV		AC	IFP LEP		
Past Use: Warehouse/Storage & Light	Proposed Use:	Same: Warehouse/Storage &		\$663.00 Cost of Work: \$663.00 \$58,		CEO District: 500.00 1	
Manufacturing Light Manufa				400,0			
Proposed Project Description: For the installlation of an HVAC	System (Carrier Ro	oftop Unit and					
Reznor Unit Heaters - Gas-Fired)	-	PEDESTRIAN ACTIVITIES DISTRICT		TIES DISTRICT	CT (P.A.D.)		
				oved Approv	ved w/Conditions Denied		
					Date:		
·	Date Applied For: 10/29/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
		Shoreland		☐ Variano	ce	Not in District or Landmar	
2. Building permits do not incluseptic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the	Flood Zone		Conditi	onal Use	Requires Review		
False information may invali permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	red	Approved w/Conditions		
	Maj Minor MM		☐ Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner I have been authorized by the own jurisdiction. In addition, if a permishall have the authority to enter al such permit.	ner to make this appl nit for work describe	lication as his authord in the application	hat the porized as	oroposed work gent and I agree ed, I certify tha	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	