Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	Pe	ermit No:	Issue Dat	e:	CBL:		
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		03-1213			013 1043	8001	
Location of Construction: Owner Name:						Own	Owner Address:			Phone:	Phone:	
59 Washington Ave A & M Partner				rs Llc		120 Exchange St				874-6959		
Business Name: Contracto				ame:		Contractor Address:				Phone		
n/a n/a						Portland						
Lessee/Buyer's Name Phone:						Permit Type:				•	Zone:	
n/a n/a						Alterations - Commercial						
Past	Use:		Proposed Use:		-	Permit Fee: Cost of Work:			rk:	CEO District:		
*				ommercial; Interior			\$111.00 \$10,000.0		00.00	0 1		
			buildout in reta	ail space.		FIRE DEPT: Approved I		INSPE	NSPECTION:			
								Use Gr	se Group: Type			
						☐ Demed						
Prop	posed Project Description:											
Inte	erior Buildout of Retail Spa	ace				Signature: Signature:						
						PEDESTRIAN ACTIVITIES DISTRICT			TRICT ((P.A.D.)		
						Action: Approved Approved w/G				Condition Denied		
					Action. Approved Approv							
		•			Signature:			Date:				
Perr	nit Taken By:		pplied For:			Zoning Approval						
gg	gg 10/02/2003											
1.	This permit application of	loes not	preclude the	Special Zone or Revie		ews	vs Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable S Federal Rules.		eable State and	Shoreland		Variance			Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Revie			
3.				☐ Flood Zon			Conditional Us			Requires Review		
				☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved		
							Approved			Approved w/Condition		
			Maj Minor MM [☐ Denied			☐ Denied				
				Date:			Date:		D	Date:		
I hay juris shal	reby certify that I am the over been authorized by the soliction. In addition, if a place the authority to entuch permit.	owner to ermit for	o make this appli r work described	med pro cation a l in the a	as his authorized application is iss	ne pro l ager sued,	nt and I agree to I certify that the	to conform he code offi	to all ap cial's au	pplicable laws of thorized repres	of this sentative	
SIG	NATURE OF APPLICAN				ADDRESS	S		DATE	3	Pl	НО	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner	Owner Name:		Owner Address:	Phone:		
59 Washington Ave	k M Partners Llc		120 Exchange St	874-6959			
Business Name:	Contra	Contractor Name:		Contractor Address:	Phone		
n/a	n/a	n/a		Portland			
Lessee/Buyer's Name	Phone	:	Permit Type:				Zone:
n/a n/a			Alterations - Commercial				
-					Approval Date: 10/03/2003 Ok to Issue:		
Dept: Zoning Note:	Status: Approve	ed	Reviewer:	Marge Schmuckal			

Reviewer: Lt. MacDougal

Approval Date:

10/06/2003

Ok to Issue:

1) the fire alarm system shall be maintained to NFPA 72 standards

Status: Approved with Conditions

Dept:

Note:

Fire

2) the sprinkler system shall be maintained to NFPA 13 standards

CERTIFICATION

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, 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 areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK. TIT		DATE	PHO