	t y of Portland, Mai OCongress Street, 041		_				05-1575	Issue Dat	e:	013 I043	8001	
Location of Construction: Owner Nan				, ,			Owner Address:			Phone:		
59 WASHINGTON AVE			A & M PARTNERS LLC			120 EXCHANGE ST						
Bus	iness Name:		Contractor Name: A & M Partners / Lou Wood				Contractor Address:			Phone 207450612		
Loc	see/Buyer's Name		Phone:			120 Exchange Street Portland Permit Type: Alterations - Commercial			207430012	Zone:		
LCS	sec/Buyer s Name	I none.	none.						Zone.			
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:		
Commercial			Commercial/ Tenant fit-up for suites			\$336.00		\$58,0	00.00	0.00		
		206		FI	RE DEPT:	Approved	INSPEC					
							Denied	Use Gro	Use Group: Type			
Pro	posed Project Description	n:				_						
Tenant fit-up for suites 206					<u> </u>		Signature:		Signature:			
							PEDESTRIAN ACTIVITIES DISTRI			ICT (P.A.D.)		
						A	ction Approx	ed App	oroved w	Condition	Denied	
						Si	gnature:			Date:		
Permit Taken By: Date Applied For:			pplied For:			Zoning Approval			1			
ld	ldobson 10/27/2005											
1.	This permit application		•	Special Zone or Rev		ews Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable Stat Federal Rules.		able State and	Shoreland			☐ Variance			Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie			
3.	•			☐ Flood Zon			Conditional Us			Requires Review		
	False information may invalidate a building permit and stop all work				bdivision		☐ Interpretatio			Approved		
				Site Plan			Approved			Approved w/Condition		
				Maj Mino MM			☐ Denied			☐ Denied		
				Date:			Date:		Da	Date:		
I ha juri sha	ereby certify that I am the live been authorized by to sdiction. In addition, if Il have the authority to uch permit.	the owner to a permit fo	o make this appli r work described	med procession a	as his authorized application is iss	ne p d ag	gent and I agree t d, I certify that th	o conform	to all app cial's aut	plicable laws of thorized repres	of this sentative	
SIC	GNATURE OF APPLICAN				ADDRES	S		DATE		pη	НО	
510	Juliona of Milaican				ADDINES.	,		DAII	-	1 1		

Location of Construction: 59 WASHINGTON AVE		Owner Name: A & M PARTNERS LI		Owner Address: 120 EXCHANGE ST	Phone:		
Business Name:		Contractor Name: A & M Partners / Lou		Contractor Address: 120 Exchange Street F	Phone 2074506128		
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Comme	rcial		Zone:
work.	approved o	Approved with Condition on the basis of plans submed for any new signage.		J		Ok to Issue	
Dept: Building Note:		Approved	Reviewer	Mike Nugent	Approval Dat	e: 11/0 Ok to Issue	4/2005 : V
Dept: Fire Note:	Status:	Approved	Reviewer	Jay Kelley	Approval Dat	e: 10/2 Ok to Issue:	8/2005 : 🔽

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	РНО	