City of Portland, Maine	- Building or Use]	Permit Applicat	tion Per	rmit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			013-02180		013 I043001
Location of Construction:	Owner Name:	Owner Name:		ddress:	Phone:	
59 WASHINGTON AVE	A & M PART	A & M PARTNERS LLC		ARREN AVE	ME (207) 653-9495	
Business Name:	Contractor Name	Contractor Name:		or Address:	Phone	
Haley & Aldrich		Albair Construction /Tim timalbair@gmail.com		ander Drive	1E (207) 831-9338	
Lessee/Buyer's Name Phone:		Permit T		ype:		Zone:
				ions - Comm	B4 R6	
Past Use:			Permit Fee: Cost of Work:		CEO District:	
retail, offices and light manufacturing	Same: retail, o manufacturing	ffices and light	INSPECT	\$800.00	\$78,000	.00 1
Proposed Project Description: Installation of non-load bearin suspended ceilings. Haley & A unit 67	· 1	· 1				
			Signature:			Date:
Permit Taken By:Date Applied For:bjs09/26/2013		Zoning Approval				
-		Special Zone or R	eviews	Zonii	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			9	Not in District or Landmark
2. Building permits do not ir septic or electrical work.			Wetland		ineous	Does Not Require Review
3. 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		Flood Zone		Conditional Use		Requires Review
		Subdivision		Interpretation		Approved
				Approved		Approved w/Conditions
		Maj 🗌 Minor 🗌 M	MM 🗌	Denied		Denied
		Date:		Date:		Date:

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE