	ty of Portland, Maine		O			2014-00341	Issue Date:		O13 I043001	
	O Congress Street, 04101	l Tel: (2	207) 874-8703 Owner Name:	, Fax: (207) 874-8						
59 WASHINGTON AVE			A & M PARTNERS LLC			Owner Address: 380 WARREN AVE PORTLAND, ME 04103			Phone:	
Business Name:			Contractor Name:			actor Address:	Phone			
Cla	ass Acts Management				ME					
Lessee/Buyer's Name Pl			Phone:		Permit Type:			Zone:		
	l Simpson		(207) 874-0700		Change of Use - Commercial				B4 R6	
	Use:		Proposed Use:				Cost of Work:	00.00	CEO District:	
retail, offices & light manufacturing			Change of use from elelctrical contractor to retail selling of antques and mgmt office along with other offices in building & light manufacturing		\$105.00 \$1,000.00 1 INSPECTION:					
Prop	posed Project Description:		ı							
	ange of use for antiques an									
ope	erations for class acts man			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
				Action: Approved Approved w			ed w/Cor Da			
Permit Taken By: Date Applied For:					Zoning Approval					
bj	s	02/21	/2014			Zoming Approvai				
1.	This permit application does not p		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting application Federal Rules.				Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2.	2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous [Does Not Require Review	
3.	Building permits are voi within six (6) months of	the date	of issuance.	Flood Zone		Condition	Conditional Use		Requires Review	
False information may invalidate a buildir permit and stop all work			a building	Subdivision Site Plan		Interpre	☐ Interpretation ☐		Approved	
						Approved		Approved w/Conditions		
				Maj Minor MN		MM Denied		☐ Denied		
				Date:		Date:		Date:		
	ereby certify that I am the cover been authorized by the			CERTIFICA amed property, or the	at the	N proposed work		y the ov	vner of record and th	
juri: shal	sdiction. In addition, if a partial library to ent have the authority to ent have the permit.	permit fo	r work describe	d in the application	is issu	ied, I certify that	the code offici	ial's aut	horized representative	
SIGNATURE OF APPLICANT				ADDR	ESS		DATE	PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE