City of Portland, M	aine - B	Suilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 0	4101 Te	1: (207) 874-8703	, Fax: (207) 874-	8716	2014-01504		014 I0130	001
Location of Construction: Owner Name:				Owner Address:		Phone:		
234 EASTERN PROMENADE		G O ENTERP	G O ENTERPRISES LLC		19 SOUTH ST # 5 PORTLAND , 1 04101		ME (207) 650-9	686
Business Name:								
Lessee/Buyer's Name		Phone:			t Type:	Zone:		
					nge of Ownersh			
Past Use:		Proposed Use:	_		t Fee: Cost of Work:		CEO District:	
10 Residential Units		10 Residential	Condominiums	Dicpi	\$1,150.00		\$0.00	
					INSPECTION:			
Proposed Project Description	1:	I						
Convert 10 Residential	units to 10	Residential Condo	ominiums					
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.			(P.A.D.)			
		A	ction: Approv	ved w/Conditions De	enied			
				Si	gnature:		Date:	
Permit Taken By: Date Applied For:				Zoning Approval				
ldobson 07/10/2014								
This permit application does not preclude			Special Zone or l	Reviews	Zoning Appeal		Historic Preserv	ation
Applicant(s) from r Federal Rules.			Shoreland		☐ Variance	Variance		r Landma
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. 			Wetland		Miscella	Miscellaneous		re Review
			Flood Zone		Conditio	Conditional Use		v
False information n permit and stop all	date a building	a building Subdivision		Interpret	Interpretation			
			Site Plan		Approve	Approved		nditions
	Maj Minor MM		Denied	Denied				
	Date:		Date:	Date:		Date:		
			CERTIFIC	ATION	ī			
I hereby certify that I am	the owne	r of record of the n				s authorized h	w the owner of record	l and tha
I have been authorized b								
jurisdiction. In addition,	if a perm	it for work describe	ed in the application	ı is issu	ed, I certify that	the code offic	cial's authorized repres	sentative
shall have the authority t such permit.	o enter all	areas covered by s	uch permit at any r	easonal	ole hour to enfor	ce the provisi	on of the code(s) appl	licable t
such permit.								
SIGNATURE OF APPLICANT			ADDRESS			DATE		,
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE	PHONE	