Second Construction Contractor Name: Contract	City of Portland, Ma	nine - Bui	lding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
Business Name: Contractor Name: Contractor Name: WRIGHT RYAN 10 DANFORTH STREET Portland ME (207) 773-3625 CONSTRUCTION Od 101	•		_			2014-00595		016 D002001	
Rusiness Name: Contractor Name: WRIGHT RYAN CONSTRUCTION DANFORTH STREET Portland ME (207) 773-3625	Location of Construction:		Owne	r Address:		Phone:			
Lesee/Buyer's Name	118 CONGRESS ST		EMT LLC					, ME	
CONSTRUCTION O4101	Business Name:		Contractor Name:		Contractor Address:			Phone	
Permit Type:			CONSTRUCTION					ME (207) 773-3625	
Proposed Use: Office building Vacant Land for new construction under permit# 2014- 00464 Proposed Project Description: Demo building for vacant land PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approve	Lessee/Buyer's Name				Permit Type:			Zone:	
Office building Vacant Land for new construction under permit# 2014-					Demolitions - Building			B1	
Construction under permit# 2014 O0464 O0			Proposed Use:		Permit Fee: Cos		Cost of Work:	CEO District:	
Demo building for vacant land PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved Approved Date:			construction under permit# 2014-		INSP	*			
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied									
Action: Approved Approved w/Conditions Denied	Demo building for vacant land				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			P.A.D.)	
Permit Taken By:									
Approved		Signature:			Date:				
1. Ints permit application does not preclude the Applicam(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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					Zoning Approval				
Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 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 Site Plan	1. This permit applicati	on does not	preclude the	Special Zone or Re	eviews	Zoni	ng Appeal	Historic Preservation	
septic or electrical work. 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 Subdivision	Applicant(s) from meeting applicable State and			Shoreland		☐ Varianc	e	Not in District or Lands	nar
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work Subdivision	septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance.			t started Flood Zone uance.		Miscella	aneous	Does Not Require Revi	ew
permit and stop all work Site Plan						Condition	onal Use	Requires Review	
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 th 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 such permit.		-	e a building	Subdivision		Interpre	tation	Approved	
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SIGNATURE OF APPLICANT ADDRESS DATE PHONE	I have been authorized by jurisdiction. In addition, is shall have the authority to	the owner of a permit f	to make this appl or work describe	amed property, or the ication as his authored in the application	at the ized a is issu	proposed work agent and I agreed led, I certify that	to conform to a the code official	all applicable laws of this al's authorized representat	ive
	SIGNATURE OF APPLICANT			ADDR	ESS		DATE	PHONE	_

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE