City	of Portland, Maine	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 87					2014-01005			018 A001001	
Locatio	on of Construction:	Owner Name:	Owner Name:		Owner Address:		Phone:		
58 FORE ST		PORTLAND (PORTLAND COMPANY THE		58 FORE ST PORTLAND.		4101		
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
The Portland company					ME				
Lessee/	Buyer's Name	Phone:	Phone:		Permit Type:			Zone:	
					Special Events			R6 WSUZ	
Past Us	e:	Proposed Use:	1 *		it Fee:	Cost of Work:		CEO District:	
Servi	d uses: Portland Yacht ces/Train Museum/Speci cs/offices	ial Yacht Services	Same: Mixed uses: Portland Yacht Services/ Train Museum/Special Events/offices		\$30.00 \$0.00 1 INSPECTION:				
_	ed Project Description:	l							
	al Evemt for Bates Colle	ege Reception. On 05/1	3/14 in bldg 6 &						
blag2	: 2nd floor only				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied				
					ved Applov	Date:			
Permit Taken By: Date Applied For:			1						
bjs	2 111021 25 0	05/12/2014	Zoning Approval						
1. Т	This permit application de	oes not preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
A	Applicant(s) from meetin Federal Rules.		Shoreland		☐ Varianc	ice		Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. E	Building permits are void within six (6) months of t	the date of issuance.	issuance.		Condition	Conditional Use		Requires Review	
	Palse information may in ermit and stop all work	_			Interpre	☐ Interpretation		Approved	
					Approved		Approved w/Conditions		
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:	Date:		Date:	
I have jurisdi	by certify that I am the obeen authorized by the oction. In addition, if a playe the authority to enteermit.	owner to make this applermit for work describe	lication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offic	all appi ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE