

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

PERMIT ISSUED

Permit Number: 071110

SEP 27 2007

CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

This is to certify that SOUTHERN MAINE PROPERTIES CO

has permission to signage for Peak Performance Multi-sport

AT 315 MARGINAL WAY

023 E002001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Notification of inspection must be given and work on permit must be completed before this building or part thereof is closed or closed-in. 24 HOUR NOTICE IS REQUIRED.

Apply to Public Works for street line and grade if nature of work requires such information.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____

Health Dept. _____

Appeal Board _____

Other _____
Department Name

Thomas M. Malley 9/27/07
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Scanned

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 07-1090	Issue Date:	CBL: 023 E002001
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Location of Construction: 315 MARGINAL WAY (317)	Owner Name: SOUTHERN MAINE PROPRTIE	Owner Address: BOX 7525 DTS, 5 MILK ST	Phone:
Business Name: Peak Performance	Contractor Name: n/a	Contractor Address: n/a Portland	Phone
Lessee/Buyer's Name Tim Brewer	Phone: 780-8200	Permit Type: Change of Use - Commercial	Zone: B-5

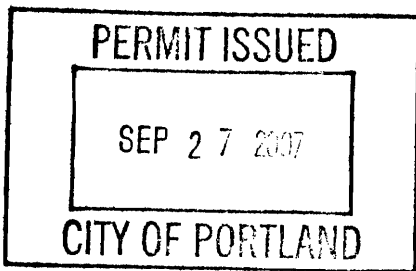
Past Use: Commercial / Public Assembly Children's Theater of Maine	Proposed Use: Commercaill Change of use from Public Assembly to Retail- Peak Performance	Permit Fee: \$105.00	Cost of Work: \$105.00	CEO District: 1
		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: B/M Type: 3A IBC 2003	

Proposed Project Description: Change of Use from Public Assembly to Retail- Peak Performance	Signature: Greg Cross	Signature: Jm 9/27/07
PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
Signature: _____ Date: _____		

Permit Taken By: dmartin	Date Applied For: 09/06/2007	Zoning Approval
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- 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. False information may invalidate a building permit and stop all work..

Special Zone or Reviews	Zoning Appeal	Historic Preservation
<input type="checkbox"/> Shoreland	<input type="checkbox"/> Variance	<input checked="" type="checkbox"/> Not in District or Landmark
<input type="checkbox"/> Wetland	<input type="checkbox"/> Miscellaneous	<input type="checkbox"/> Does Not Require Review
<input type="checkbox"/> Flood Zone	<input type="checkbox"/> Conditional Use	<input type="checkbox"/> Requires Review
<input type="checkbox"/> Subdivision	<input type="checkbox"/> Interpretation	<input type="checkbox"/> Approved
<input type="checkbox"/> Site Plan	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved w/Conditions
Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/>	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied
Date: 9/11/07 ABM	Date:	Date: ABM



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