City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716				rmit No: 05-1450	Issue Date	2:	CBL: 025 B02	1001
Location of Construction: 145 MARGINAL WAY	Owner Name: FIVE LIVER C	Owner Name: FIVE LIVER COMPANY		Owner Address: 5 MILK ST			Phone:	
Business Name:	Contractor Nan Colucci, Steve	Contractor Name: Colucci, Steve		Contractor Address: 25 Thomas Drive Westbrook			Phone 2079396513	
Lessee/Buyer's Name	Phone:			t Type: rations - Commercial				Zone:
Past Use: Commercial/ Planet Fitness	Proposed Use: Planet Fitness/ fitness Ctr.	Planet Fitness/ Tenant Fit -up for			\$3,246.00 \$350,000.00		EO District: TION: p:	Туре
Proposed Project Description: Planet Fitness/ Tenant Fit -up		Signature: Sig PEDESTRIAN ACTIVITIES DISTRIC Action Approved Approve Signature:		roved w/C	T (P.A.D.)			
Permit Taken By: ldobson	Date Applied For: 09/30/2005	Zoning Approval						
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Rev	Special Zone or Reviews Zoning Appeal Shoreland Variance				Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
 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 Zon Subdivision		Conditional Us			Requires Review Approved	
		Site Plan			ed		Approved w/	Condition
		Maj 🗌 Mino 🗌 MM	1	Denied			Denied	
		Date:		Date:		Date	:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:	Owner Address:	Pł	Phone:			
145 MARGINAL WAY	FIVE LIVER COMPANY	Y 5 MILK ST					
Business Name:	Contractor Name: Colucci, Steve	Contractor Address: 25 Thomas Drive W		Phone 2079396513			
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Comm	ercial	Zone:			
 Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 10/12/2005 Note: the original permit for the structure is under permit #04-1122 and under an old CBL #025-B-005 before Ok to Issue: ✓ Assessors created the new lot # 1) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work. 2) Separate permits shall be required for any new signage. 							
Dept: Building Note: 1) Construction type recla fire supression system		s Reviewer: Mike Nugent ne interior components. This is allow	_	10/18/2005 a to Issue: 🗹 se group and			
Dept: Fire Note:	Status: Approved	Reviewer: Cptn Greg Cass	Approval Date: Ok	10/13/2005 a to Issue:			

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