City of Portland, Maine - Bu	ilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703	8, Fax: (207) 874-8	8716	2013-02328		027 B002001
Location of Construction:	Own		r Address:	<del>-</del>	Phone:	
443 CONGRESS ST JJR 443 CONG				ONE CITY CENTER 4TH FL PORTLAND, ME 04101		
Business Name: Contractor Name		2:	Contractor Address:			Phone
the Clapp Building Granite Corp jim.roy@grani		85 High Street, PO Box 3 ME 04963		Box 370 Oakla	nd (207) 465-9229	
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
				AC	В3	
Past Use: Proposed Use:			Perm	Permit Fee: Cost of Work		CEO District:
1st floor PAD use with offices above Same: 1st floor offices above		or PAD use with  INSPEC		\$550.00 ECTION:	*	
Proposed Project Description:	0.37. 1.75. 6	TT *.				
HVAC, install HTP-Modcon Boiler	p Units	DEDE	DEDECTRIAN A CONTROL OF THE PROPERTY OF A D.			
		PEDESTRIAN ACTIVITIES DISTRICT (P.A. Action: Approved Approved w/			ed w/Conditions Denied	
			S	ignature:		Date:
	Applied For: 15/2013	Zoming Approvai				
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	ee	Not in District or Landman
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscella Miscella	aneous	Does Not Require Review
		Flood Zone		Condition	onal Use	Requires Review
		Subdivision		Interpre	etation	Approved
		Site Plan		Approv	ed	Approved w/Conditions
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit	to make this app for work describe	lication as his authored in the application	hat the orized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offic	all applicable laws of this
snall have the authority to enter all a such permit.	icas covered by s					

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE