THATRALL

389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-	3716	04-0380	All All	1 7000	027 B0	04001	
Location of Construction: Owner Name:			Owne	er Address:			Phone:		
439 Congress St Metropolitan		Apartments Llc	429	429 Elmwood Rd			THAT!		
Business Name:		Contractor Name:			Contractor Address:				
	Sirois, John	Sirois, John			P.O Box 697 Westbrook			2078923044	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:			120.07200	Zone:	
				erations - Co	mmercial		13-2		
Past Use: Proposed Use:			Perm	Permit Fee: Cost of Work:		k: C	EO District:		
Tailor Shop	i -	Tailor Shop, Water Damage, Repa		\$174.00 \$16,793.00			1	ļ	
·		Ceiling & move 1 wa		DEPT:	'/	INSPECT		<u> </u>	
		out approx. 3"ft.		Approved				Tyne: 7	
				L	Denied		se Group:		
							11/1/15	104	
Proposed Project Description:	<u> </u>						スイン	[[]]h	
Repair floor, walls, ceiling &	k. 3"ft.	Signa	Signature: Atm Sig		Signature	naturet 11			
-		PEDESTRIAN ACTIVITIES							
		ŀ				C			
		Actio			proved w/Co	d w/Conditions Denied Date:			
		Signa			D				
Permit Taken By:	Date Applied For:			Zoning Approval					
ldobson	04/08/2004								
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	ws Zoning Appeal			Historic Preservation		
		Shoreland		☐ Variance			Not in District or Landmar		
 Building permits do not include plumbing, septic or electrical work. 		Wetland		☐ Miscellaneous			Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone	d Zone Conditional Use		onal Use		Requires Review		
False information may investigate permit and stop all work	Subdivision Interpre		tation	ntion Approved					
		Site Plan	_	Approve	ed		Approved w/C	Conditions	
		Maj Minor	1M/□	Denied			Denied	PAINT	
		Date: A A	04	Date:		Date:	way	Cegure	
						4	Seps	-stalk	
		CERTIFICA							
hereby certify that I am the an	vner of record of the na	med property, or tha	t the prop	osed work is	authorized	by the ow	ner of record	d and that	
hereby certify that I am the ow have been authorized by the o urisdiction. In addition, if a pe hall have the authority to enter uch permit.	wner to make this appli ermit for work described	ication as his authori d in the application i	s issued. I	I certify that	the code off	icial's auth	orized repre	esentative	

ADDRESS

SIGNATURE OF APPLICANT

DATE

PHONE