City of Portland, M	Iaine - Buil	ding or Use	Permi	t Application	ı ˈ	rermit No:	Issue Date	:	CBL:		
389 Congress Street, 0	04101 Tel: (207) 874-8703	B, Fax:	(207) 874-871	5	04-0022			027 C0	12001	
Location of Construction:		Owner Name:			Owner Address:				Phone:		
389 Congress St		City Of Portland			389 Congress St						
Business Name:		Contractor Name:			Contractor Address:				Phone		
n/a		Emmit Mead			Portland						
Lessee/Buyer's Name		Phone:			Permit Type:				•	Zone:	
n/a		n/a			Alterations - Commercial					0 3	
Past Use:		Proposed Use:								1	
Commercial / City Hall		City Hall / Bat	City Hall / Bathroom renovations in								
Proposed Project Description:		the basement.			Annroyed			INSPECTI Use Group	\circ		
Bathroom renovations in the basement.								Signature.	 		
				PEDESTRIAN ACTIVITIES DISTRIC			TRICT (P.A.	T (P.A.D.)			
					Action: Approved Approved w/Conditions Denied					Denied	
						Signature:			Date:		
Permit Taken By:	1 -	oplied For: 0/2004			Zoning Approval						
1. This permit application does not preclude the			Special Zone or Revie		ews Zoning Appeal			Historic Preservation			
Applicant(s) from a Federal Rules.				☐ Variance			Not in District or Landmark				
2. Building permits deseptic or electrical	olumbing, W		tland		Miscellane	Miscellaneous		☐ Does Not Require Review			
3. Building permits an within six (6) mont		☐ Flo	Flood Zone		Condition	Conditional Use		Requires Review			
False information r permit and stop all	a building	Subdivision			Interpretation			Approved			
			Si	te Plan		Approved			Approved w	Conditions	
			Maj Minor MM			Denied					
) ate:	Sall Valor		Date:		Date	Date		
			·	11106		L					
I hereby certify that I am I have been authorized b jurisdiction. In addition shall have the authority t such permit.	y the owner to , if a permit fo o enter all are	make this appli r work described	med pro cation a d in the	is his authorized application is iss nit at any reason	e pi ag	ent and I agree to d, I certify that the	conform e code off the provi	to all applicial's auth	icable laws norized represence code(s) ap	of this resentative oplicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE			ONE	