City of Portland	Maine - Buil	ding or Use	Permit Applicat	ion	Permit No:	Issue Date	:	CBL:	
389 Congress Stree		_			2013-00494			027 D001001	
Location of Construction:		Owner Name:			Owner Address:			Phone:	
385 CONGRESS ST		METRO MEDIA PROPERTIES LLC		25 SOUTH SERVICE RD STE 300 JERICHO, NY 11753			300		
Business Name:		Contractor Name:			Contractor Address:			Phone	
		Commercial Property Services/ Tom Moulton		244 Cumberland Ave Portland ME 04101			ИE	(207) 450-7100	
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial				Zone: B3	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:			k:	CEO District:	
Storage/Warehouse		Property			\$105.00		\$0.00	1	
		Maintenance/Warehouse		FIRE	DEPT:	Approved	INSPECT		
						Denied	Use Group	Type:	
						N/A			
Proposed Project Descri	ption:								
C of U from storage/warehouse to property mainte NO CONSTRUCTION.			nce/warehouse;				Signature:		
				PEDESTRIAN ACTIVITIES DISTRICT (P.			,		
					Action: Approved Approved w/Conditions Denied Signature: Date:				
Permit Taken By:	Date Ap	oplied For:	Zoning Approval						
bjs 03/14/2013									
1. This permit application does not preclude to			Special Zone or R	eviews	eviews Zoning Appeal			Historic Preservation	
Applicant(s) from Federal Rules.	m meeting applic	able State and	Shoreland	Shoreland		Variance		Not in District or Landmark	
Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella Miscella	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building			☐ Flood Zone		Conditional Use			Requires Review	
permit and stop		a building	Subdivision			☐ Interpretation [Approved	
			Site Plan					Approved w/Conditions	
			Maj Minor Minor Minor		M Denied			Denied	
			Date:		Date:		Date:		
			CERTIFICA	TION					
I hereby certify that I									
that I have been author									
this jurisdiction. In a representative shall ha									
code(s) applicable to		varvi un un vu	- 10 reade of Suem pe	(1	I vasonaole	to oill	ores are l	VALUE VI HIV	
SIGNATURE OF APPLIC	CANT		ADDR	ESS		DATE		PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE		PHONE	