	y of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:
	Congress Street, 04101 Tel:	<u>`</u>	5, Fax: (207) 874-8		2014-00662		028 D003001
Location of Construction: 290 CONGRESS ST			Owner Name: ROMAN CATHOLIC BISHOP OF PORTLAND		Owner Address: 510 OCEAN AVE PORTLAND, ME 04103		ME
Business Name:		Contractor Name	Contractor Name:		ractor Address:	Phone	
Right Aid		Johnson & Jordan catesbru@aol.com		18 Mussey Road Scarborough ME			(207) 883-8345
Lessee/Buyer's Name		Phone:	Phone:		it Type: e Alarm System	Zone: B2b R6	
Past	Use:	Proposed Use:	Proposed Use:		nit Fee:	Cost of Work:	CEO District:
reta	il - Rite Aid	Same: retail - Rite Aid		\$90.00		\$6,3	300.00 2
Proposed Project Description:				INSP	ECTION:		
Inst	tall Fire Alarm						
			PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved Approved		TIES DISTRICT	(P.A.D.)	
					oved Approv	ved w/Conditions Denied	
				S	ignature:		Date:
Permit Taken By: Date Applied For: 04/07/2014				Zoning Approval			
1.	This permit application does no	ot preclude the	Special Zone or R	eviews	Zoni	ing Appeal	Historic Preservation
	Applicant(s) from meeting applicable State Federal Rules.		☐ Shoreland ☐ Wetland		☐ Variano	ce	Not in District or Landmar
2.	Building permits do not include septic or electrical work.	Miscell			aneous	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		Conditi	ional Use	Requires Review
	False information may invalida permit and stop all work	☐ Subdivision ☐ Site Plan Maj ☐ Minor ☐ MM ☐		Interpre	etation	Approved	
				Approv	ved	Approved w/Conditions	
				Denied		Denied	
			Date:		Date:		Date:
I ha juris shal	reby certify that I am the owner over been authorized by the owner ediction. In addition, if a permit I have the authority to enter all an permit.	to make this app for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agredued, I certify that	e to conform to t the code offic	all applicable laws of this cial's authorized representative
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
RES	PONSIBLE PERSON IN CHARGE OF	WORK, TITLE				DATE	PHONE