

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 151 MIDDLE STREET #100 *****		Owner: SOLEY BROS LLC		Phone: 775-2252		Permit No: 001136	
Owner Address:		Lessee/Buyer's Name: **** CASCO BAY BOOKS****		Phone:		BusinessName:	
Contractor Name: SAA		Address:		Phone:		Permit Issued: DEC 2 2000	
Past Use: XXXXXX RETAIL		Proposed Use: SAME		COST OF WORK: \$ 0		PERMIT FEE: \$ 31.80	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: <i>[Signature]</i> Use Group: Type:	
				Signature:		Signature: <i>[Signature]</i>	
Proposed Project Description: SIGNAGE				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: B3 CBL:028-K-002	
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>[Signature]</i> 12/4/00 Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>	
Permit Taken By: K		Date Applied For: DEC 8 2000					

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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 permit and stop all work..

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:

Approved *see attached*
 Approved with Conditions
 Denied

Date: **to DebA 12/4/00**

PERMIT ISSUED WITH REQUIREMENTS *MAS 12/22/00*

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: **DEC 11 2000 K** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

CEO DISTRICT 1