City of Portland, Maine - Building or Use Permit Applica					Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	04101	Tel: (207) 874-8703	3, Fax: (207) 874-8	716	2014-02344			028 K002001	
Location of Construction:		Owner Name:			Owner Address:			Phone:	
66 PEARL ST - Suite 212		LEADER PRO	LEADER PROPERTIES LLC		100 COMMERCIAL ST PORTLAND, ME 04101				
Business Name: Lessee/Buyer's Name		Contractor Name	Contractor Name:		Contractor Address:			Phone:	
		Monaghan W	Monaghan Woodworks		100 Commercial Street Portland ME 04101			(207) 775-2683	
		Phone:		Permit Type:				Zone:	
					Alterations - Commercial			B3	
Past Use:	vions and	Proposed Use: Same: first flo	or parcanal	Permit Fee: Cost of \$69.00		Cost of Work:	00.00	CEO District:	
first floor, personal services and retail - with offices above			services and retail - with offices		\$69.00 \$5,000.00 2 INSPECTION:				
Proposed Project Descriptio	n:			1					
Demo only of interior r	ng walls, partitions,								
floors & ceiling tiles in	suite 21	2		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approved w/Conditions Denied Signature: Date:				
Permit Taken By:	1	č			Da	te:			
ldobson		Zoning Approval							
1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		applicable State and	☐ Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella Miscella	Miscellaneous		Does Not Require Review	
within six (6) mon	ths of the		☐ Flood Zone ☐ Subdivision		Condition Condition	Conditional Use		Requires Review	
False information permit and stop all		lidate a building			Interpre	☐ Interpretation ☐		Approved	
			Site Plan		Approve	ed		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	by the ow , if a per	ner to make this app mit for work describe	lication as his authored in the application	at the rized a is issu	proposed work a gent and I agree aled, I certify that	to conform to	all applial's aut	icable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE