City of Portland, Maine - B 389 Congress Street, 04101 Tel	_				CBL: 029 A003001		
Location of Construction:	Owner Name:	,	Owner Address:	UL'2 3 700	Phone:		
3 Milk St	Milk Street Associates Llc		Po Box 7525		207-879-1671		
Business Name:	Contractor Name			Contradio Adria PURILANU Phone			
	Portland Safe		3 Mallison St Windham 2078931800				
Lessee/Buyer's Name	Phone:	1	Permit Type:		Zone:		
		{	Alterations - C	Commercial	18-4		
Past Use:	Proposed Use:		Permit Fee:	Cost of Wor	k: CEO District:		
Banking Facility	<u> </u>	ity with an after hours	\$93.00		00.00		
	depository.		FIRE DEPT:	Approved	INSPECTION:		
			1		Use Group: Type:		
		. **		Denied			
		1, 1	1		1 7/22/02		
Proposed Project Description:		***	1				
Replace Window with an after hou)	Signature:	18 4.00	Signature: M. 1			
Tropince window with an arter nour depository.			PEDESTRIAN AC	TIVITIES DIST			
		1			proved w/Conditions Denied		
			Action. App	roved App	proved w/Conditions [] Defined		
			Signature:		Date:		
l .	Date Applied For:			Zoning Approval			
	5/04/2002	Special Zone or Revi	owe 7.	oning Appeal	Historic Preservation		
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 		Shoreland	Varia		Not in District or Landmar		
		Wetland	Misc	ellaneous	Does Not Require Review		
 Building permits are void if work is not started within six (6) months of the date of issuance. 		☐ Flood Zone	Conc	itional Use	Requires Review		
False information may invalid permit and stop all work		Subdivision Site Plan	OK Inter	pretation	Approved		
perinit and stop an work		hours -	\				
		Site Plan	Appr	oved	Approved w/Conditions		
		Mai E Minar E MM		- 4			
		Maj Minor MM	I Deni	ed	Denied A		
		Date: 0 7	Date:		TO D.A. 12100		
		" " "	•		m7 7/16/00		
					start by bldg		
		CERTIFICATI	ON.		placed by bldg		
I hereby certify that I am the owner I have been authorized by the owne furisdiction. In addition, if a permit shall have the authority to enter all such permit.	er to make this appli t for work describe	cation as his authorize d in the application is i	he proposed world agent and I agressued, I certify th	ee to conform at the code off	to all applicable laws of this ficial's authorized representative		

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DEDMIT ICCLIED

DATE

PHONE

7/6/02 Built & phis