City of Portland, Maine – Building	or Ose Fer mit Application	1 389 Congress Street, (94101, 161. (207) 87	4-6/03, FAX: 8/4-8/10	
Location of Construction:	Owner:	Phone:	700 1600	Permit No:	
100 Middle Street 3rd F1			788-1680	091249	
Owner Address: 100 Middle Street Ptld, ME 04101	Lessee/Buyer's Name: Cornerstone Marketing	Phone: Business N/A Corner	sName: stone Marketing	991249	
Contractor Name: **O'Reilly Construction Address: 90 Carlyle Rd. Ptld, ME 04103 774-1846			Permit Issued:		
Past Use:	Proposed Use:	COST OF WORK: \$ 34,000	PERMIT FEE: \$ 228.00		
Vacant/Office	Office Space	FIRE DEPT. ☐ Approved ☐ Denied	INSPECTION: Use Group: 19 Type: 19 180C496 101	Zene: CBL: 000 F 000	
		Signature: 11-117	Signature: The for	029-E-006	
Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (PAD.)				Zoning Approval:	
Build four offices, conference and kitchenetts. Interior renovations.		Action: Approved Approved v Denied Signature:	vith Conditions:	Shoreland A Sparfe Wetland Dermit 15 Flood Zohe Subdivision on New Association	
Permit Taken By: KA	Date Applied For:	11-8-99		□ Site Plan maj ⊡minor □mon □	
 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. 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 **Send To: O'Reilly Construction 90 Carlyle Road 				☐ Variance ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation	
		Portland, ME 041	103	□ Not in District or Landmark □ Does Not Require Review □ Requires Review Action:	
CERTIFICATION				Approved A Separt	
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	as his authorized agent and I agree to coissued, I certify that the code official's	onform to all applicable laws of th authorized representative shall have	is jurisdiction. In addition,	□ Approved with Conditions □ Denied	
		11_8_00			
SIGNATURE OF APPLICANT	ADDRESS:	11-8-99 DATE:	PHONE:	DEDIGIT INNUES	
DECOMPLETE DEDCOM IN CHARGE OF WOR	V TITLE		DUONE.	WITH REQUIREMENTS	
RESPONSIBLE PERSON IN CHARGE OF WOR	N, IIILE		PHONE:	CEO DISTRICT	
White-Pe	rmit Desk Green–Assessor's Car	nary-D.P.W. Pink-Public File I	vory Card-Inspector	ub	