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

Location of Construction:	Owner: Middle St Tower B A	esociates	Phone: 772-8896	Permit No. (27 5)
100 Middle Street Tower B Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
Owner Address.	Baker, Newman & Noyes	T none.	Dusinessi varile.	
Contractor Name:	Address:	Phone:		Permit les yet: ICCIIED
******Liberty Management	443 Congress St Portlan	d, ME 04101	772-XXXXX 8896	
Past Use:	Proposed Use:	COST OF WORK		1447
		\$ 48,000.00		MAR 3 1 h
Office	Same	FIRE DEPT. 🖸 A	Approved INSPECTION:	
		□ D	enied Use Group: Type	CLTY OF PORTLAND
		 .	A A . s. e	LZone: VOBL: UNILAND
Proposed Project Description:			Signature:	Zoning Approval:
Proposed Project Description.			CTIVITIES DISTRICT (P.A.D	·)
Renovations of existing of	fice area	Action: Approved Approved with Conditions: Denied		Special Zone or Reviews:
menorations of currently of	1100 0100			
second floor - Tower B		L	Demed	□ □ Wetland □ Flood Zone
		Signature:	Date:	☐ Subdivision
Permit Taken By:	Date Applied For:	Signature.	Duic.	☐ Site Plan maj ☐minor ☐mm ☐
MG	25	March 1999		
				Zoning Appeal
 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 informa- 				☐ Variance ☐ Miscellaneous
				□ Conditional Use
				☐ Interpretation
tion may invalidate a building permit ar	nd stop all work	ork		□Approved
				□ Denied
				Historic Preservation
		Pr .		□ Not in District or Landmark
			WITH REQUIREMENTS	☐ Does Not Require Review
			REQUIRE	☐ Requires Review
			MENTS	Action:
			• •	Action.
	CERTIFICATION			□Appoved
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been				
	ation as his authorized agent and I agree to co			
	ion is issued, I certify that the code official's			er all Date:
areas covered by such permit at any reasona	ble hour to enforce the provisions of the code	e(s) applicable to such p	permit	Date.
		25 March 1999		
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK TITLE	_	PHONE:	,
RESPONSIBLE FERSON IN CHARGE OF	WORK, IIILL		HONE.	CEO DISTRICT /
Whi	te-Permit Desk Green-Assessor's Can	ary-D.P.W. Pink-Put	olic File Ivory Card-Inspecto	· Aping Li
			•	11/10