City of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	8, Fax: (207) 874-8	3716	2014-02074		029 K001001	
Location of Construction:	Owner A		er Address:		Phone:		
7 CUSTOM HOUSE ST - 3rd OLYMPIA EG FLOOR INVESTORS				BOX 508 POR	TLAND, ME 0	(978) 895-5557	
Business Name:			Ţ				
Lessee/Buyer's Name Phone:		Permit T		it Type:		Zone:	
Direct Vet Marketing				erations - Comn	В3		
Past Use:	Proposed Use:	-		Permit Fee: Cost of Work:		CEO District:	
Retail/Restaurant on 1st floor with offices above		Same: Retail/Restaurant on 1st floor with offices above		\$609.00 \$45,000.00 ECTION:		00.00 2	
Proposed Project Description: Third Floor Alterations, which cons	ist of the demolit	ion of the existing					
offices and replacing with four (4) i	(2)		ESTRIAN ACTIVI	MAN ACTIVITIES DISTRICT (P.A.D.)			
conference rooms (5,134 SF).			ction: Appro	: Approved Approved w/Conditions Denied			
		Signature:			Date:		
· ·	Date Applied For: 09/09/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
		Shoreland		☐ Variano	ce	Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are void if wo within six (6) months of the date	Flood Zone		Conditi	onal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	red	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	TION	N.			
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	amed property, or the lication as his authouted in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	