City of Portland, Maine - Building - Building - Constant of the Constant of th	0			2014-00279	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2		, Fax: (207) 874-8				029 O001502	
Location of Construction:  99 SILVER ST (154 Middle St.)  Owner Name: PEAK 5 EQU		ITIES LLC	29 E	Owner Address: 29 DANN FARM RD POUND RIDGE, NY 10576		Phone: (914) 260-9172	
Business Name:	Contractor Name: Rodney Baxter rgb04042000@yahoo.com		Contractor Address: PO Box 221 Raymond ME 04071			Phone (207) 650-8953	
Lessee/Buyer's Name	Phone:	ione:		it Type: ange of Use - Co	Zone:		
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
& 37 residential condos retail/ba		cant space (previously retail), ail/barber shop space & 37 idential condos		\$155.00 \$5,500.00 2  ISPECTION:			
Proposed Project Description:							
fit up space (left isde) for future tenan	nt - remove all 1	non-bearing interior					
walls & add bathroom.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Con Signature: Da			ed w/Conditions Denied  Date:		
Permit Taken By: Date Ap	1				Date.		
bjs 02/11/2014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscell	aneous	Does Not Require Review	
		Flood Zone		Condition	onal Use	Requires Review	
		☐ Subdivision		Interpre	pretation Approved		
		Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	make this appl r work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to a	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE