City of Portland, M	laine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	4101 Tel: ((207) 874-8703	, Fax: (207) 874-8	3716	2013-01635			030 C001001	
Location of Construction: 100 COMMERCIAL ST suite 409		Owner Name: SOLEY WHARF LLC		Owner Address: 100 COMMERCIAL ST PORTLAND, ME 04101			ND,	Phone: (207) 775-2252	
Business Name:		Contractor Name: Monaghan Woodworks Inc. agarcia@mwoodworks.com		Contractor Address: 100 Commercial St. Suite 212 Portland ME 04102			Phone (207) 775-2683		
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Commercial				Zone:	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:				CEO District:	
Suite 409 - office		Suite 409 - off	fice		\$270.00 \$25,000. CTION:		00.00		
Proposed Project Description									
Suite 409; interior tena work at egress compone	change of use, no	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved Approved w/Co			(P.A.D.)				
D 11 T D	Signature:				Date:				
Permit Taken By: Date Applied For: 07/30/2013				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from r Federal Rules.	-			☐ Variance			Not in District or Landmar		
 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. 			☐ Wetland		Miscella	Miscellaneous		Does Not Require Review	
			ed		Condition Condition	Conditional Use		Requires Review	
False information n permit and stop all		e a building	Subdivision		Interpre	☐ Interpretation ☐		Approved	
		Site Plan		Approved		Approved w/Conditions			
	Maj Minor MM		Denied	☐ Denied		Denied			
	Date:		Date:	Date:		Date:			
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner if a permit f	to make this appl or work describe	lication as his authord in the application	at the rized a is issu	proposed work in agent and I agreed and, I certify that	to conform to the code offici	all app al's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE