City of Portland, Maine - Build	_			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2013-01328		030 D001001
Location of Construction:  68 COMMERCIAL ST Building B)  Owner Name:  GREAT MA		NE WHARF LLC	Owner Address: 42 MARKET ST PORTLAND, ME 04101			Phone:
Business Name:	Contractor Name: Landmarc Construction mgagnon@landmarccorp.com		Contractor Address: 414 Congress Street, Suite 202 Portland ME 04112			Phone (207) 699-2572
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Commercial			Zone: WCZ
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
First floor marine use, offices above First floor man above		ine use, offices	es \$620.00 \$ INSPECTION:		\$60,00	00.00 2
Proposed Project Description:  Mezzanine addition to building B - ad	ding partial 3rd	floor for office	_			
use and deck (740 sf)			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/Co Signature: De				
Permit Taken By: Date Ap	I					
bjs 06/26		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
2. Building permits do not include particles septic or electrical work.	Wetland		Miscella		Does Not Require Review	
3. Building permits are void if work within six (6) months of the date False information may invalidate	Flood Zone			onal Use	Requires Review	
permit and stop all work		Subdivision  Site Plan		Interpretation		Approved
	Approve			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	ication as his authored in the application	at the rized a is issu	proposed work in a proposed work in a greed and I agreed and I certify that	to conform to the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE