-	1aine - Building or Use 04101 Tel: (207) 874-870	- -				CBL:	01001
Location of Construction:	Owner Name:	Ret i	Owner A	ldress:		Phone:	
390 Congress St	Media Proper	ties Of Maine Llc	y Center, TY OF	PORT	2075991-6	562	
Business Name:	Contractor Nam	Contractor Name:		or Address:	North Contraction of the Contraction	Phone	
n/a	pter center	line (mst.	n/a n/a				
Lessee/Buyer's Name Phone:			Permit Type:				Zone: ->
n/a	n/a		Alterat	Alterations - Commercial			ドブ
Past Use:	se: Proposed Use:		Permit Fee: Cost of Work:			CEO District:]
Commercial / Newspap	er Office Newspaper O	Newspaper Office / Interior		\$58.00 \$4,	225.00	1	
renovations, ir one wall.		ncluding removing ↑™ fluc r				Ise Group: B Type A	
Proposed Project Descriptio Interior renovations inc	Signature: 1, M Signature: 1, M PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Signature: Date:					Denied	
Permit Taken By: Date Applied For:		,					
gg 11/05/2002		Zoning Approval					
······	tion does not preclude the	Special Zone or Revi	iews	Zoning Appeal		Historic Prese	ervation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance		Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review	
3. Building permits an within six (6) mont	Flood Zone		Conditional Use		Requires Review		
False information r permit and stop all	Subdivision		Interpretation		Approved		
		Site Plan		Approved	Ĺ	Approved w/C	Conditions
		Maj Minor Ma		Denied	[M	Denied my exter	inwall
		Date: 1176	<mark>2</mark>)a	.te	Dat	te: Fequee	ent

CERTIFICATION

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 authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK. TITLE		DATE	PHONE

2/21/03 Thong Clase in - non Structed. 7/11/03 Copleted.

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