City of Portland, Maine - Bu	0			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel	· , ,	5, Fax: (207) 874-8		2013-02422		032 C002001	
Location of Construction: 390 CONGRESS ST Owner Name: 119 DEVE		OPMENT LLC		Owner Address: PO BOX 7486 PORTLAND ME 04101		Phone: (207) 653-9990	
Business Name:	Contractor Name TBA	Contractor Name: TBA		ractor Address: tland ME	Phone		
Lessee/Buyer's Name	Phone:	Phone:		it Type: ange of Use - Co	Zone: B3		
Past Use:	Proposed Use:	Proposed Use:		it Fee:	CEO District:		
Vacant -was Guy Gannet offices	ancillary hotel	Hotel with 110 rooms and ancillary hotel functions with 80 seat restaurant		\$95,095.00 \$9,500,000.00 2 INSPECTION:			
Proposed Project Description:							
Conversion of former Press Herald restaurant and meeting space. **S		need to be PEDESTRIAN ACTIVITIES DISTRICT (Action: Approved Approved Approved		PIEG DIGEDICE (D 4 D \		
paid.				rees need to be	ed w/Conditions Denied		
Permit Taken By: Date	Applied For:	1	S	ignature:		Date:	
*	/29/2013			Zoning	g Approval		
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	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. False information may invalidate a building permit and stop all work 		Wetland		Miscella	aneous	☐ Does Not Require Review	
		Flood Zone		Condition Condition	onal Use	Requires Review	
		Subdivision		Interpre	tation	Approved	
		Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		☐ Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	r to make this appl for work describe	lication as his authored in the application	at the rized a is issu	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		ADDF	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE