Cit	y of Portland, Maine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389	Congress Street, 04101 Tel: (	207) 874-8703	Fax: (207) 874-8	3716	2014-01690		032 D003001	
Loca	tion of Construction:	Owner Name:	wner Name:		r Address:		Phone:	
93 EXCHANGE ST		TOP OF EXCHANGE LLC		42 MARKET ST PORTLAND, ME 04101		ME (207) 774-1000		
Busi	ness Name:							
Less	ee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial			Zone:	
							В3	
	Use:	Proposed Use:		Perm	rmit Fee: Cost of Work: \$69.00 \$5,000.0		CEO District:	
	floor is retail with offices in the of the building	Same: 1st floor is retail with offices in the rest of the building		INSPI	\$69.00 ECTION:	\$5,00	00.00 2	
	,			I WI LETION.				
_	osed Project Description:							
	erior tenant fit-up of basement wherior, non-load bearing walls for o			TIEC DICTDICT	(DAD)			
	sonry opening in the basement are		•	, , ,				
				Action: Approved Approve			ed w/Conditions Denied	
				Si	gnature:		Date:	
Pern dn	nit Taken By:  Date Ap  07/30		Zoning Approval					
			Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
1.	This permit application does not Applicant(s) from meeting application Federal Rules.				☐ Varianc		Not in District or Landmar	
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	☐ Does Not Require Review		
3. 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			☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	onal Use	Requires Review	
					Interpre	etation	Approved	
					Approv	ed	Approved w/Conditions	
			Maj Minor MM		☐ Denied		Denied	
			Date:		Date:		Date:	
			~		_			
I ha	walness agentific that I am the accument of	Emacand of the m	CERTIFICA			is suth saired by	the overest of second and the	
	reby certify that I am the owner of we been authorized by the owner t							
juris	sdiction. In addition, if a permit for	or work describe	ed in the application	is issu	ed, I certify that	t the code offici	al's authorized representative	
	l have the authority to enter all are permit.	eas covered by s	uch permit at any re	asonat	ole hour to enfor	rce the provision	on of the code(s) applicable to	
suci	i porimiti							
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RES	SPONSIBLE PERSON IN CHARGE OF W	VORK, TITLE				DATE	PHONE	