City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 85 EXCHANGE STREET	Owner: WELLIN & CO				Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	Business	Name:	
	Gobman Sacks				
Contractor Name:	Address:	P	Phone:		Permit Issued:
*** LANGFORD AND LOW PO BOX 662	PORTLAND ME 04104****		XXXXXX	797 - 5141	
Past Use:	Proposed Use:	COST OF W		PERMIT FEE:	DEC 2
		\$75,000		\$ 474.00	
INTER. OFFICE RENO OFFICE	SAME	FIRE DEPT.	. Approved	INSPECTION:	
ADG (□ Denied	Use Group: B Type: 32	3
2 4600		C:	Am	BOCA99 Signature: Xuffees	Zone: CBL: 032-D-004
Proposed Project Description:		Signature:		Signature: Action Signature: A	Zoning Approval
		Action:		\mathcal{U}	12/5/
INTER. RENO. OF OFFICE			Approved	vith Conditions:	
			Approved w		
			Denied		
				_	Flood Zone
		Signature:		Date:	
Permit Taken By:	Date Applied For:	1/ 0000			□ Site Plan maj □minor □mm □
КК	DEC.	14 2000			Zoning Appeal
1. This permit application does not preclude the	Applicant(s) from meeting applicable Sta	ate and Federal ru	ules		
• • • •					☐ Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.					Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-					□ Interpretation
tion may invalidate a building permit and stop all work.					
					□ Denied
					Historic Preservation
					□ Not in District or Landmark
					□ Does Not Require Review
PERMITORIEN				□ Requires Review	
			,	PERSON CONTRACTOR	Any Exterior
			W	K. K. Service	Action
	CEDTICICATION		, v	, ,	work requires A
	CERTIFICATION		1 .1 .		Appoved Sep. Kevnew
I hereby certify that I am the owner of record of the					
authorized by the owner to make this application					
if a permit for work described in the application is				e the authority to enter all	l Date:
areas covered by such permit at any reasonable ho	our to enforce the provisions of the code	(s) applicable to	such permit		
		DEC 14 2000	K		
					PERMITISSUED PERMITISSUED PERMITISSUED PERMITISSUED I
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	DERMIT IS MENIS
					PE' REQUIRE
RESPONSIBLE PERSON IN CHARGE OF WOR				PHONE:	
KEDI ONDIDLE I EKSON IN CHARGE OF WOR	is, iiill				
White-Pe	ermit Desk Green–Assessor's Cana	ary–D.P.W. Pin	k-Public File I	vory Card–Inspector	