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

				
Location of Construction: 2 Canal Plaza 4th floor	Owner: October Corp.	Phone: 871-	1290	Permit No: 00066
wner Address: Lessee/Buyer's Name: Phone: BusinessName: c/o Boulos Property Management One Canal Plaza Portland, 04101 Leblanc & Young Lessee			rt	
Contractor Name: n/a	Address: Phone:			Pe mit Issued:
Past Use:	Proposed Use:	COST OF WORK: \$75,000	PERMIT FEE: \$ 474.00	
Office	same	FIRE DEPT. Approved Denied	INSPECTION: Use Group: 3 Type 28	- 1 Υ (· · · · · · · · · · · · · · · · · ·
		Signature: 1	SOCA99, Signature: Affice	Zone CBL: 032-I-033
Proposed Project Description:		PEDESTRIAN ACTIVITIE		Zoning Approvat
Tenant improvement to 4th floo	Action: Approved	vith Conditions:	Judicial Zolle of Reviews	
		Signature:	Date:	☐ Subdivision
Permit Taken By: Gayle	Date Applied For: June 1	19, 2000		☐ Site Plan maj ☐minor ☐mm ☐ Zoning Appeal
 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 				☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied
*******PLEASE CALL KIM Fournier @ 871–1290 PERMIT ISSUED WITH REQUIREMENTS 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 provisions of the code(s) applicable to such permit				Denied FEAM IT 2
SIGNATURE OF APPLICANT	ADDRESS:	June 20, 2000 DATE:	PHONE:	PERMIT ISSUED WITH REQUIREMENTS
RESPONSIBLE PERSON IN CHARGE OF WORK	K, TITLE		PHONE:	CEO DISTRICT
White-Pe	rmit Desk Green-Assessor's Can	ary-D.P.W. Pink-Public File I	vory Card-Inspector	