City of Portland, Maine - Building or Use Permit Applicat				Permit No:		CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2013-01484		032 K012001	
Location of Construction: 1 MONUMENT SQ - 2nd floor	RRAY W TR		Owner Address: ONE MONUMENT SQUARE SUITE 200 PORTLAND, ME 04101		Phone: (207) 772-2257		
Business Name: PDA Regan & Co ereagan@ma		pany	Contractor Address: 106 Merrill Road Gray ME 04039			Phone (207) 329-3441	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Bank on 1st floor with offices above Same: Bank of offices above		n 1st floor with		\$1,550.00 ECTION:	\$153,00	00.00 2	
Proposed Project Description:	1		1				
Renovation of existing vacant second	ace for Professional	for Professional					
Disability Associates.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					ed w/Conditions Denied		
D (T) D	P. I.E.	Signature:		Date:			
	oplied For: 5/2013		Zoning Approval				
3	Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landman	
2. Building permits do not include paseptic or electrical work.	Wetland		Miscella	nneous	Does Not Require Review		
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition		Requires Review		
False information may invalidate a building permit and stop all work		☐ Subdivision ☐ Site Plan		Interpret	tation	Approved	
	Approve			ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to the code official	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