City of Portland, Maine - Build	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2		, Fax: (207) 874-8		2013-01994		032 K012001
Location of Construction: 1 MONUMENT SQ Owner Name: FINARD MU		RRAY W TR		er Address: E MONUMENT PORTLAND, 1	Phone: (207) 772-2257	
Business Name:		ontractor Name: Reagan & Company /Earl ereagan@maine.rr.com		ractor Address: Merrill Rd. Gra	Phone (207) 653-6353	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial			Zone: B3
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Bank on 1st floor with Offices above offices above		on 1st floor with INSPECT		\$1,645.00 ECTION:		
Proposed Project Description:						
Renovation of existing vacant 5th floo Professional Disabliity Associates (UI	or offices of	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions			D.A.D.)	
Professional Disability Associates (Of					ed w/Conditions Denied	
		ı	S	ignature:		Date:
Permit Taken By: Date Applied For: 09/05/2013				Zoning	Approval	
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landmar
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void if work within six (6) months of the date False information may invalidate	of issuance.	Flood Zone		Condition	onal Use	Requires Review
permit and stop all work	building	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 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.	make this appl r work describe	lication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE