Cit	ty of Portland, Ma	aine - Buil	ding or Use I	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389	Congress Street, 04	4101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2013-02571			032 L002001	
Location of Construction: 1 CITY CTR			Owner Name: ONE CITY CENTER ASSOCIATES LLC			Owner Address: ONE CITY CENTER PORTLAND, ME 04101			Phone:	
Business Name:			Contractor Name:			ractor Address:	Phone			
Lessee/Buyer's Name			Phone:			it Type: erations - Comm	Zone:			
Past	Use:		Proposed Use:			it Fee:			CEO District:	
1st floor is retail & food vendors with offices throughout			Same: 1st floor is retail & food vendors with offices throughout		\$420.00 \$40,000.00 2 INSPECTION:					
Ex	posed Project Description:		l ing built out for	Absolute Health						
Ch	iropractic Office				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action: Approved Approved Signature:			oved w/Coi Da	nditions Denied		
Permit Taken By: Date Applied For:				1	Zoning Approval					
bjs 11/18/20			3/2013							
 This permit application does not Applicant(s) from meeting applications. Federal Rules. 				Special Zone or Reviews Shoreland			Zoning Appeal Variance		Historic Preservation Not in District or Landmar	
2.	Building permits do septic or electrical w	olumbing,	Wetland		Miscell	llaneous		Does Not Require Review		
3. Building permits are void if work is not s within six (6) months of the date of issua False information may invalidate a building permit and stop all work			of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review	
			a building			Interpre	Interpretation		Approved	
				Site Plan	Approved		ed	Approved w/Conditions		
				Maj Minor MM		Denied	☐ Denied		Denied	
				Date:		Date:	Date:		Date:	
I ha juris shal	we been authorized by sdiction. In addition,	the owner to	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offi	o all app cial's aut	wner of record and that licable laws of this thorized representative ne code(s) applicable to	
SIGNATURE OF APPLICANT				ADDF	RESS		DATE	PHONE		