City of Portland, Maine - Buil	ding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	0			2013-01315		032 P004001
Location of Construction:		Owner Address:			Phone:	
6 CITY CTR (2nd floor - left side) CHASE CUST FINANCE INC				PERCY HAWKES RD WINDHA ME 04062		AM, (207) 892-2700
Business Name:	Contractor Name:		Contractor Address:			Phone
		ME				
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
			Change of Use - Commercial			В3
Past Use: Proposed Use			Perm	it Fee: Cost of Work:		CEO District:
Medical Lab	Hair Salon			\$175.00	\$7,50	00.00
			INSP	ECTION:		
Proposed Project Description:						
Change of use from medical lab to ha	offices, replace					
680 ft drop ceiling and flooring (2nd		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Conditions Denied				
		T	S	ignature:		Date:
Permit Taken By: Date Applied For: 06/25/2013			Zoning Approval			
1. This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landma
2. Building permits do not include particles septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. 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		Flood Zone		Condition Condition	onal Use	Requires Review
		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.	o make this appl or work describe	ication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to a t the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADD	RESS		DATE	PHONE