Location of Construction:	Owner Name:		6 06-0241 VAP	Phone:	
436 FORE ST	FORE STREE	ET HOLDINGS LLC	6 WEBBER WAY		
Business Name:	Contractor Name	e:	Contractor Address: CIY	- Part Ande	
	Portland Dive	rsified Services	P.O. Box 1869 Portland	2078565660	
Lessee/Buyer's Name	Phône:		ernit Type: Amendment to Commerci	al <b>Zone:</b> B3	
Past Use:	Proposed Use:		Permit Fee: Cost of W	ork: CEO District:	
Commercial		Amend permit # 05-	\$30.00 \$1,000.00 I		
	structual wall, existing infill	g to be created in not removal of of openings of MACUA	FIRE DEPT: Approved Denied	INSPECTION: Use Group: A A Type: 3	
Proposed Project Description:	i .	2 1.	Signature Greek Cyres	3 Signature	
	upl. I	event hit up	PEDESTRIAN ACTIVITIES D	ISTRICT (P.A.D.)	
	has cha	recol	Action: Approved	Approved w/Conditions Denied	
	4/6/0	E ABU	Signature:	Date.	
Permit Taken By:	Date Applied For?	/	Zoning Approval		
dmartin	02/23/2006	·			
		Special Zone of Review	ws Zoning Appeal	Historic Preservation	
	from 1	Special Zone or Review	vs Zoning Appeal	Historic Preservation	
w.the	IRWN	Shoreland	Variance	_	
With			Variance	Not in District or Landma	
With	KI blob	Weiland Different ment	Variance	Not in District or Landma	
With	K 100	Welland Welland DS - 15P Flood Zone	Variance Miscellaneous Conditional Use	<ul> <li>Not in District or Landma</li> <li>Does Not Require Review</li> <li>Requires Review</li> <li>Approved</li> </ul>	
With	KI blob	Shoreland Wetland DS-158 Flood Zone Subdivision	<ul> <li>Variance</li> <li>Miscellaneous</li> <li>Conditional Use</li> <li>Interpretation</li> <li>Approved</li> <li>Denied</li> </ul>	<ul> <li>Not in District or Landma</li> <li>Does Not Require Review</li> <li>Requires Review</li> <li>Approved</li> </ul>	

## 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'sauthorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE