City of Portland, M		- C			Permit No:	Issue Date:	CBL:	
389 Congress Street, ()4101 Te	el: (207) 874-8703	Fax: (207) 874-8	3716	2014-00316		033 G002001	
Location of Construction: 81 Preble St		Owner Name: BAYSIDE I L	Owner Name: BAYSIDE I LLC		r Address: E CANAL PLA	ND ,		
					04101			
Business Name:			Contractor Name:		actor Address:	Phone (207) 020 9929		
		Thomas Monro capservices@r	capservices@maine.rr.com		Bruce Hill Road (21	E (207) 939-8838		
Lessee/Buyer's Name Past Use:		Phone:	Phone: Proposed Use:		it Type:	Zone:		
		D 1 II			erations - Comm	B3 CEO District:		
Offices		Same: Offices		Perm	\$140.00	Cost of Work: \$12,00		
					INSPECTION:			
Proposed Project Description	n:							
Removal of ACT ceilin								
coverings on 2nd floor	oox to prepare for ne	prepare for new tenant		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Action: Approved Approved Signature:			ed w/Conditions Denied Date:				
Permit Taken By:								
bjs		Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zonia	ng Appeal	Historic Preservation	
Applicant(s) from a Federal Rules.		-	Shoreland		☐ Variance	e	Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella Miscella	aneous	Does Not Require Review	
3. Building permits as within six (6) mont	hs of the	date of issuance.	☐ Flood Zone ☐ Subdivision		Condition	onal Use	Requires Review	
False information repermit and stop all	•	date a building			Interpre	tation	Approved	
			☐ Site Plan Maj ☐ Minor ☐ MM ☐		Approve	ed	Approved w/Conditions	
	_ Denied				Denied			
			Date:		Date:		Date:	
I have been authorized by jurisdiction. In addition	y the owr , if a perm	ner to make this appl nit for work describe	ication as his authord 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 offici	y the owner of record and tha all applicable laws of this ial's authorized representative on of the code(s) applicable t	
•								
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE