

**City of Portland, Maine – Building or Use Permit Application** 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 353 Cumberland Ave. 2nd Floor		Owner: Goodwill Industries of New England Abilities & Goodwill INC		Phone: N/A	Permit No: 99
Owner Address: SAA		Lessee/Buyer's Name: Kevin B. Gillespie 823-3331 Pager		Phone:	Business Name: SAA
Contractor Name: Goodwill Construction		Address: 1053 Forest Ave. Portland, ME		Phone: 797-0631	
Past Use: Office/Retail		Proposed Use: Same		COST OF WORK: \$ 300.000	PERMIT FEE: \$ 1,824
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type:
Proposed Project Description: Construction of office and conference room space to 2nd floor.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Signature: _____	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Signature: _____	
Permit Taken By: <b>ub</b>		Date Applied For: 10-27-99		Date: _____	

033-K-001  
 Zone: **B3** CBL: 033-K-001  
 Zoning/Approval: *OK S 10/27/99*  
**Special Zone or Reviews:**  
 Shoreland  
 Wetland  
 Flood Zone  
 Subdivision  
 Site Plan maj  minor  mm

**Zoning Appeal**  
 Variance  
 Miscellaneous  
 Conditional Use  
 Interpretation  
 Approved  
 Denied

**Historic Preservation**  
 Not in District or Landmark  
 Does Not Require Review  
 Requires Review

**Action:**  
 Approved  
 Approved with Conditions  
 Denied  
 Date: *S*

**PERMIT ISSUED WITH REQUIREMENTS**

**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's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

10-27-99

SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE PHONE:

**PERMIT ISSUED WITH REQUIREMENTS**  
 CEO DISTRICT  
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