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

Location of Construction: 5 Cumberland Ave	Owner: October Corp Aug	gust Corp	Phone: 871-1290	Permit No:
Owner Address: oulos Prop ManagmentLessee/Buyer's Name: One Canal Plaza Portland 0410Phone: IBusinessName:			BusinessName:	991418
Contractor Name: * Neokraft *** ***	Address: 686 Main Street Lewiston Me 04240 I 800 339-2258			Permit Issued:
Past Use:	Proposed Use:	COST OF WORK		
Garage/Drycleaner	Same	\$ FIRE DEPT. □ A	\$ 228.00 Approved INSPECTION: 5/9#	199.0
			Denied Use Group: Type:	
		Signature:	BOCA95 Signature: Horfo	Zone: CBL: 2-3 033-M-004
Proposed Project Description:			CTIVITIES DISTRICT (PA.D.)	X Zoning Approval:
Building Sign			Approved Approved with Conditions:	Special Zone or Reviews:
			Denied	□ □ Shoreland □ □ Wetland
		C:	Data	
Permit Taken By:	Date Applied For:	Dec 17 1999 K	Date:	□ Subdivision □ Site Plan maj □minor □mm □
K		Dec 17 1999 K		Zoning Appeal
 Building permits do not include plumbing, sej Building permits are void if work is not started tion may invalidate a building permit and stop 	within six (6) months of the date		ments: commend nign to that icons lettering as pan nopo that issued WITH REQUIREMENTS	 ☐ Miscellaneous ☐ Conditional Use ☐ Interpretation ☐ Approved ☐ Denied Historic Preservation ☑ Mot in District or Landmark
		include 12 Flanking	letteringer par	□ Does Not Require Review □ Requires Review
		winnal W	NODO BEANTI SUED	Action:
I hereby certify that I am the owner of record of the authorized by the owner to make this application a if a permit for work described in the application is areas covered by such permit at any reasonable ho	s his authorized agent and I agree issued, I certify that the code offic	to conform to all applicable ial's authorized representati	e laws of this jurisdiction. In additi ve shall have the authority to enter	on, Denied
				12/2016
SIGNATURE OF APPLICANT	ADDRESS:	Dec 17 1999 DATE:	PHONE:	
SIGNATORE OF ANTERCARVI				PERMIT ISSUED WITH REQUIREMENTS
RESPONSIBLE PERSON IN CHARGE OF WORK		PHONE:		
White_Pe	rmit Desk Green–Assessor's	Canary-D.P.W. Pink-Pul	blic File Ivory Card-Inspector	