	ty of Portland, Main	U			2014-01397	Issue Date:		033 N018001	
	O Congress Street, 0410 ation of Construction:	· · · ·							
	7 CUMBERLAND AVE	HOUSING	UMBERLAND DEVELOPMENT	99 S	Owner Address: 99 SCHOOL ST GORHAM, ME 04038			Phone:	
Busi	iness Name:		CODDOD A TION Contractor Name: AVESTA HOUSING Phone:		Contractor Address:			Phone:	
Av	resta Housing Offices	AVESTA 1			Cumberland Av 01				
Less	see/Buyer's Name	Phone:			it Type: erations - Comm		Zone: B3		
Past	Use:	Proposed Use	:	Perm	it Fee:	Cost of Work:		CEO District:	
Of	fices	Same: Offi	Same: Office Space		\$440.00 \$41, INSPECTION:		725.00 4		
Proj	posed Project Description:			-					
	terations - Construction of	* *	ffices, two (2) 10' x 16	` '					
conference rooms, and one (1) 9' x 11' office			office.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied				
				S	ignature:		Da	te:	
<b>Peri</b> dr	nit Taken By: nc	Date Applied For: 06/25/2014				Zoning Approval			
1.	This permit application	does not preclude the	Special Zone or F	Special Zone or Reviews		Zoning Appeal		Historic Preservation	
	Applicant(s) from meeting Federal Rules.			Shoreland		ance		Not in District or Landmar	
2.	Building permits do not septic or electrical work		Wetland		Miscell	aneous		Does Not Require Review	
3.	Building permits are vo within six (6) months of	f the date of issuance.	d Flood Zone	☐ Flood Zone ☐ Subdivision		onal Use	Requires Review		
	False information may i permit and stop all work	_	Subdivision			pretation		Approved	
			Site Plan		Approved		Approved w/Conditions		
			Maj Minor	Maj Minor MM		☐ Denied		Denied	
			Date:	Date:		Date:		Date:	
I he	ereby certify that I am the	owner of record of th	CERTIFICA	_		is authorized h	ov the ow	vner of record and tha	
I ha juri shal	we been authorized by the sdiction. In addition, if a ll have the authority to en h permit.	e owner to make this a permit for work descr	pplication as his authoribed in the application	orized a	agent and I agree ned, I certify tha	e to conform to t the code offic	all appl cial's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT			ADD	ADDRESS		DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE