General Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Address/Location of Construction: 1 MARGINAL WAY FL 2, PORTLAND, ME 04101		
Total Square Footage of Proposed Structure:	2,560	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot#	**Applicant Name:** GRACE DAMON **Address:** 25 GRANT ST, APT 4 **City, State & Zip** PORTLAND, ME 04101	**Telephone:** 207-852-1655 **Email:** ASPACEFORGRACE@OUTLOOK.COM
Lessee/Owner Name: ATLANTIC BUSINESS CENTER PORTLAND II LLC (if different than applicant) **Address:** 50 PORTLAND PIER, SUITE 400 **City, State & Zip:** PORTLAND, ME 04101 **Telephone & E-mail:** 553-2000, EXT 213 BKELLER@CAPSERVICING.COM	**Contractor Name:** (if different from Applicant) **Address:** **City, State & Zip:** **Telephone & E-mail:**	**Cost Of Work:** $ 0 C of O Fee: $ 75 Historic Rev $_____ **Total Fees :** $ 75

Current use (i.e. single family) _____

If vacant, what was the previous use? PURE MOVEMENT

Proposed Specific use: A SPACE FOR GRACE

Is property part of a subdivision? NO **If yes, please name** _____

Project description: COMMUNITY WELLNESS CENTER: ART, MUSIC, YOGA, NUTRITION, MEDITATION, SELF DEFENSE, ETC. + ART GALLERY

Who should we contact when the permit is ready: GRACE DAMON

Address: P.O. BOX 1723

City, State & Zip: PORTLAND, ME 04104

E-mail Address: ASPACEFORGRACE@OUTLOOK.COM

Telephone: 207-852-1655

Please submit all of the information outlined on the applicable checklist. Failure to do so causes an automatic permit denial.

In order to be sure the City fully understands the full scope of the project, the Planning and Development Department may request additional information prior to the issuance of a permit. For further information or to download copies of this form and other applications visit the Inspections Division on-line at www.portlandmaine.gov, or stop by the Inspections Division office, room 315 City Hall or call 874-8703.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/h agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for w application is issued, I certify that the Code Official's authorized representative shall have th areas covered by this permit at any reasonable hour to enforce the provisions of the codes appli

Signature: Grace Damon **Date:** 3/12/14

This is not a permit; you may not commence ANY work until the permit is issu

Date: 05/23/14

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

CITY OF PORTLAND, MAINE RESURGAM