Location of Construction: Owner: Phone: Permit No: MarginalHoldings, LLC 508-660-2672 87 Marginal Way Owner Address: Lessee/Buyer's Name: Phone: BusinessName: 20 Burlington Mall Rd., Suite 460 Burlington, MA 01803 Permit Issued: Contractor Name: Address: Phone: Allied/Cook Construction Corp. Ex PO Box 1396, Portland, ME 04104 COST OF WORK: PERMIT FEE: Proposed Use: Past Use: \$ 1,000,000.00 \$6,024.00 FIRE DEPT. Approved INSPECTION: Commercial Commercial □ Denied Use Group: Type: CBL: 034-D-007 Zone: Signature: Signature: Zoning Approval: Proposed Project Description: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved additions & renovations Special Zone or Reviews: Approved with Conditions: □ Shoreland Denied U Wetland □ Flood Zone □ Subdivision Signature: Date: □ Site Plan mai □minor □mm □ Permit Taken By: Date Applied For: Gay1e December 11, 2000 GG Zoning Appeal This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules. □ Variance 1. Miscellaneous Building permits do not include plumbing, septic or electrical work. 2. Conditional Use Building permits are void if work is not started within six (6) months of the date of issuance. False informa-□ Interpretation 3. □ Approved tion may invalidate a building permit and stop all work. Denied Historic Preservation □ Not in District or Landmark Does Not Require Review □ Requires Review *** Call Thomas C. Perry @ 772-2888 Action: CERTIFICATION □ Appoved 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 Approved with Conditions 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, Denied 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 Date: areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit December 12, 20000 SIGNATURE OF APPLICANT ADDRESS: DATE: PHONE: 1 **RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE** PHONE: **CEO DISTRICT**

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

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