Cit	ty of Portland, Ma	ine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:
	Congress Street, 04		O			2014-01655			034A A002001
Loc	ation of Construction:		Owner Name:	Owne		r Address:			Phone:
54 MARGINAL WAY (Suite 4A)			ATLANTIC BAYSIDE SQUARE LLC		340 FORE ST PORTLAND, ME 04101				
Bus	iness Name:								1
Wi	inxnet, Inc.								
Lessee/Buyer's Name			Phone:		Permit Type:				Zone:
					Alterations - Commercial				В7
Past Use: Offices			Proposed Use:		Permit Fee:		Cost of Work:		CEO District:
			Offices		INSPI	\$58.00   \$3,910.00   4 INSPECTION:			
Proj	posed Project Description:				1				
	stall a new aluminum pa			at the Waiting					
Ar	ea of Winxnet - Fourth	Floor - sui	te 4A.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
						ved w/Conditions Denied  Date:			
Permit Taken By: Date Applied For:			<u> </u>	Signature:			Da	ite:	
_	nc		5/2014	Zoning Approval					
1. This permit application does		on does not	preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation
Applicant(s) from meeting appli Federal Rules.				Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landmar
<ol> <li>Building permits do not include plaseptic or electrical work.</li> <li>Building permits are void if work in within six (6) months of the date of False information may invalidate a permit and stop all work</li> </ol>			plumbing,	☐ Wetland		Miscell	Miscellaneous		Does Not Require Review
			e of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Condition	Conditional Use		Requires Review
			e a building			Interpre			Approved
						Approv			Approved w/Conditions
				Maj Minor MM		Denied	☐ Denied		Denied
				Date:		Date:	Date:		Date:
I ha juri sha	ereby certify that I am the lawes been authorized by sdiction. In addition, it is the authority to he permit.	the owner to a permit f	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work gent and I agree ed, I certify that	e to conform to t the code offic	all app	licable laws of this horized representative
SIGNATURE OF APPLICANT			ADDI	RESS		DATE	PHONE		