

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2013-01432	Issue Date:	CBL: 034A B001001
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Location of Construction: 84 MARGINAL WAY	Owner Name: ATLANTIC BAYSIDE TRUST LLC	Owner Address: 50 PORTLAND PIER STE 400 PORTLAND, ME 04101		Phone:
Business Name: Bayside Medical Building	Contractor Name: Monaghan Woodworks Inc. andy@mwoodworks.com	Contractor Address: 100 Commercial St. Portland ME 04102		Phone (207) 775-2683
Lessee/Buyer's Name Apothecary By Design	Phone:	Permit Type: Alterations - Commercial		Zone: B7
Past Use: 1st floor parking, retail pharmacy & coffee shop with more parking above & Professional Offices	Proposed Use: Same: 1st floor parking, retail pharmacy & coffee shop with more parking above & Professional Offices	Permit Fee: \$190.00	Cost of Work: \$17,000.00	CEO District: 4
		INSPECTION:		
Proposed Project Description: Minor renovations; construct wall & add door for Apothecary By Design		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature: _____ Date: _____		

Permit Taken By: bjs	Date Applied For: 07/09/2013	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.. 		Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____

CERTIFICATION

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 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, 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 areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT _____ ADDRESS _____ DATE _____ PHONE _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ DATE _____ PHONE _____