City of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703 Owner Name:	, Fax: (207) 874-8		2014-00249		037 C014001
Location of Construction: 531 CONGRESS ST	TY TRUST 2		r Address: EAST RD HAM 41	Phone:		
Dirigo M		rigo Management Company ter@dirigomgmt.com		ractor Address: City Center Por	Phone (207) 871-1080	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Commercial			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
1st flr= retail/restaurant; 2nd floor = offices; 3rd flr = 9 residential condos & offices; 4th flr = 11 residential condos; 5 & 6 flrs = 10 residential condos	Same: 1st flr = retail/restaurant; 2nd flr = offices; 3rd flr = 9 residential condos & offices; 4th flr = 11 residential condos; 5 & 6 flrs = 10 residential condos		\$530.00 \$46,000.00 4 INSPECTION:			
Proposed Project Description:	l					
Removing existing windows and replace	acing with new	windows in				
existing masonry openings		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					ed w/Conditions Denied	
	P. 18		ě			Date:
	plied For: 5/2014		Zoning Approval			
3		Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	2	Not in District or Landman
2. Building permits do not include p septic or electrical work.	☐ Wetland		Miscella	neous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		☐ Interpret	ation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		☐ Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his author d in the application	at the ized a	proposed work in a gree and I agree and I certify that	to conform to a	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE