	y of Portland, Mai Congress Street, 041		_				06-1315	Issue Dat	e:	037 D00	02001	
Location of Construction: Owner Name:				14.1. (201) 011 0110		Owner Address:		Phone:				
			511 PLAZA LIMITED PARTNERSH			50 MILK ST 20TH FLOOR						
Business Name:			Contractor Name: Robert Rolfe			Contractor Address: 1 Mud Pond Road Windham			Phone 207329212	Phone 2073292125		
			Phone:			Permit Type: Alterations - Commercial				Zone:		
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:		
Commercial Commerc				Renovating existing		\$670.00		\$	664.30			
			office space -4th floor		FI		Approved Denied	INSPEC Use Gro		Type		
D	posed Project Descriptio					_						
	novating existing office		floor			Sic	gnature:		Signatur	۰.		
							PEDESTRIAN ACTIVITIES DISTR					
						A	etion Appro	ved App	proved w/	Condition	Denied	
						Si	gnature:			Date:		
Permit Taken By: dmartin Date Applied For: 09/06/2006			_			Zoning Approval						
					Special Zone or Revie		ews Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			☐ Variance		☐ Not in District or Landr				
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		☐ Miscella	Miscellaneous		☐ Does Not Require Revie			
3. 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			of issuance.	ice.			Conditional Us			Requires Review		
			a building	Subdivision			☐ Interpretatio			Approved		
			Site Plan Maj Mino MM			Approved			Approved w/Condition			
						Denied			☐ Denied			
			Date:			Date:		Date:				
I ha juris shal	reby certify that I am the verties been authorized by the sdiction. In addition, if the lawe the authority to such permit.	the owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne p d ag	ent and I agree that the contract of the contr	to conform to code office	o all app cial's aut	olicable laws horized repre	of this sentative	
SIGNATURE OF APPLICAN				ADDRESS		DATE		i	P	НО		

511 CONGRESS ST	Owner Name: 511 PLAZA LIMITED PAI	RTNERSH	Owner Address: 50 MILK ST 20TH FLOO	Phone: Phone 2073292125	
Business Name:	Contractor Name: Robert Rolfe		Contractor Address: 1 Mud Pond Road Wine		
.essee/Buyer's Name	Phone:		Permit Type: Alterations - Commercia	ial	Zone:
Dept: Zoning Statu Note:	s: Approved	Reviewer	: Marge Schmuckal	Approval Da	te: 09/14/2006 Ok to Issue: ☑
Dept: Building Statu Note:	s: Approved	Reviewer	: Michael A. Collins	Approval Date	te: 09/28/2006 Ok to Issue: 🗹
Note: 1) Fire alarm system shall comply 2) Sprinkler system shall comply	y with NFPA 13	Reviewer	: Cptn Greg Cass	Approval Da	te: 09/19/2006 Ok to Issue:
Sprinkler system shall comply All construction shall comply					

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	РΗΩ