City of Portland, N						ermit **** 01-0188	Issue Date:		CBL: 037-F-	.009	
389 Congress Street, 04101 Tel: (207) 874-8703, ocation of Construction: Dwner Name:				(207) 874-871		er Address:	MWS T	- U	Phone:		
340 Cumberland Ave Neptune Prop			erties		One Executive Park Br., Bedford S						
_		Contractor Name			Contractor Address:				Phone Phone		
		Libco Drywall			2 Roosevelt Frail Windham				2873298		
.essee/Buyer's Name		Phone:			Germit Type:					Zone: Zone:	
Lightship Telecom. n/a		n/a			Alterations - Commercial						
_		Proposed Use:			Permit Fee: Cost of Work:			k:			
Storage Telecon		Telecommunic	unications		\$0.00 \$50,000.0						
					Approved L			l .	SPECTION: Ise Group: Type:		
'roposed Project Descripti	on:										
Build out 3 rooms					Signature:		Signatui	Signature:			
				'EDESTRI		ESTRIAN ACTIV	STRIAN ACTIVITIES DISTRICT			Γ (P.A.D.)	
					Acti	on: Approve	ed App	oroved w/0	Conditions [Denied	
				Signature:				Date:			
'ermit Taken By:	Date Applied For:			Zoning Approval							
gg 03/14/2001		1/2001	Special Zone or Review			ws Zoning Appeal			Historic Preservation		
1.								_			
			Shoreland		☐ Variance			Not in District or Landmar			
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscellaneous			Does Not Require Review			
3. Building permits are void if work is not st within six (6) months of the date of issuan			I Flood Zone			Conditional Use			Requires Review		
False information permit and stop al	a building	Subdivision		Interpretation			Approved				
			Site Plan Maj Minor MM			Approved			Approved w/Conditions		
						Denied			Denied		
			late:		late:		>8	>ate:			
I hereby certify that I at I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner to n, if a permit fo	make this appli r work described	med pro cation a d in the	as his authorized application is is	e pro agei	nt and I agree to, I certify that the	o conform he code off	to all ap icial's at	plicable law: athorized rep	s of this presentative	
SIGNATURE OF APPLICANT			ADDRESS			S DATE				PHONE	
RESPONSIBLE PERS	ON IN CHAR	GE OF WORK.	TITLE				DAT			DHONE	

DATE

PHONE