City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction:	Owner:		Phone:	Permit No:
477 Congress St.	October Corp.			
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	
C Name	Channel 8 WMTW Address:	Dhono		Rermit Issued:
Contractor Name: Bryce Construction Mngt.	Address: 400 South Borough Drive South Portland *****775-1955 Brad			JUN 2 3 3000
Past Use:	Proposed Use:	COST OF WORI	K: PERMIT FEE:	
		\$ 3500	\$45.00	
tv station	same	FIRE DEPT.	Approved INSPECTION:	
			Denied Use Group: 9 Type:	23
		- Kel	1 BOC+99 101	Zone & CBL : 037-F-022
Proposed Project Description:		PEDESTRIAN A	CTIVITIES DISTRICT (P.A.D	
			Approved	$\square \bigcirc \bigcirc$
removal interior walls			Approved with Conditions:	□ Special Zone or Reviews: 1/4 □ □ Shoreland
				□ Flood Zone
		Signature:	Date:	
Permit Taken By:	Date Applied For:			Site Plan maj Ominor Omm O
NW June 22, 2000				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□Variance
2. Building permits do not include plumbing, septic or electrical work.				
				□ Conditional Use □ Interpretation
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa- tion may invalidate a building permit and stop all work				
tion may invalidate a building permit	and stop an work.			
				Historic Preservation
PERMIT ISSUED WITH REQUIREMENTS				□ Not in District or Landmark
				Does Not Require Review
				□ Requires Review
			WITH RECE	Action:
				action with requires
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				DAppoved 1 Separate
				Date:
areas covered by such permit at any reason	able hour to enforce the provisions of the co	de(s) applicable to such	permit	
June 22, 2000				
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE		PHONE:	CEOPHILENTS
w	nite-Permit Desk Green-Assessor's Ca	anary-D.P.W. Pink-Pu	blic File Ivory Card-Inspector	WITH REQUIREMENTS

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector