-	y of Portland, Maine - Bu	_			1	rmit No:	ssue Date	:	GBL:		
	Congress Street, 04101 Tel:	· · · · · · · · · · · · · · · · · · ·	R, Fax:	(207) 874-871	6	04-0692	<u> </u>	042	₀₀₄ 037 F0.	22001	
Location of Construction:		Owner Name:				r Address:		Plone:			
			477 Congress Llc			477 Congress St			OTY OF PORTI AND		
Business Name:		Contractor Name:			Contr	actor Address:			Plone		
		Boulos Property Management									
Lesse	ee/Buyer's Name	Phone:								z ₀ 23	
Past Use:		Proposed Use:		1	Permit Fee: Cost of Wor		k: CEO District:		1		
Office Space		7th floor: pric	or to nev	to new tenant		\$228.00 , \$23,000		00.00	00 1		
floorplan			FIRE		FIRE DEPT: Approved		INSPE	INSPECTION:			
							Denied	Use Group: Type:			
					Demed				NONE		
								NONE APPRINCIPALLY INTERIER ALL			
Proposed Project Description:					1			/	NTERIE	RACIA	
7th	floor, remove interior partitions	1 1 1 4 14 1/2			1	gnature (14) CIST					
						TRICT	CT (P.A.D.)				
					Actio	n·	ved □ An	nroved w	d w/Conditions Denied		
			Action: [Signature:						Date:		
											Permit Taken By: Date Applied For:
kw	rd 05/2	7/2004			8 11						
1.	This permit application does not preclude the		Special Zone or Revie		ews	vs Zoning Appeal			Historic Preservation		
Applicant(s) from meeting appl Federal Rules.				noreland	Variance			Not in District or Landmarl			
2.	Building permits do not include plumbing, septic or electrical work.		□w	Wetland		Miscell	Miscellaneous		Does Not Require Review		
3. Building permits are void if we within six (6) months of the da			FI	ood Zone	Conditional Use			Requires Review			
	False information may invalidate permit and stop all work		☐ St	Subdivision		Interpretation			Approved		
				te Plan		Approved			Approved w/Conditions		
			Maj Minor MM			Denied			Denied Jeries Wo		
				5/20	104	late:			Ang exterior wo		
				, ,				S	poste R	Dew '	
								F	ipp wo	_(
			(CERTIFICATI	ON						
I hav juriso shall	reby certify that I am the owner of we been authorized by the owner diction. In addition, if a permit to I have the authority to enter all an a permit.	to make this appl for work describe	med proication and in the	operty, or that the as his authorize application is i	ne prop d agen ssued,	nt and I agree I certify that	to conform the code of	to all a ficial's	applicable laws authorized repr	of this resentative	
SIGNATURE OF APPLICANT			ADDRESS			DATE			PHONE		

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE

11/9/04 Closed a Now