Cit	y of Portland, Maine	- Build	ing or Use Pe	ermit A	Application	I	Permit No:	Issue Dat	e:	CBL:	
389	Congress Street, 04101	1 Tel: (2	07) 874-8703,	Fax: (2	207) 874-8716		04-1200			037 1002	2001
Location of Construction: Owner Name:						Ow	Owner Address:			Phone:	
			Kimball Buildin	Kimball Building Llc The		49	490 Congress St				
Business Name: Contractor Na			Contractor Nan	Contractor Name:			Contractor Address:			Phone	
			Mathew Alcor	'n		4 Macy St. Portland			207761904	15	
Lessee/Buyer's Name Phone:						Permit Type:			1	Zone:	
						Commercial					
Past Use: Proposed Use:				•	Permit Fee: Cost of Work:		ork:	CEO District:			
	mmercial Condos		_	Demolition of interior		\$111.00			00.00		
			- This permit does					,	PECTION:		
			not establish t	he new use and ng proposed before		Approved			Hee Group:		Type
			the planning b								
Pro	posed Project Description:					1					
	molition of interior partitic					Signature: Sig		Signatur	gnature:		
	1					PEDESTRIAN ACTIVITIES DISTRIC			U		
						Ac	tion: Appro	ved Ap	provea w	/Condition	Denied
						Sig	gnature:			Date:	
Peri	mit Taken By:	Date Ap	oplied For:				Zoning	Approva	1		
lde	obson	08/17/	/2004				2011112	, i ppi o tu	-		
1.	This permit application	does not i	nreclude the	Spec	ial Zone or Revi	ews	ws Zoning Appeal			Historic Pres	ervation
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			☐ Shoreland		☐ Variano	☐ Variance		☐ Not in District or Landm		
2.	Building permits do not or electrical work.	include p	lumbing, septic	☐ Wetland		Miscell	Miscellaneous		☐ Does Not Require Revie		
3.				☐ Flood Zon		Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved		
			☐ Si	Site Plan		Approved			Approved w/Condition		
			Maj Minor MM		☐ Denied			☐ Denied			
				Date:			Date:		Da	Date:	
I ha juris shal	reby certify that I am the converge of the least to be sufficient or a property of the second of the	owner to permit for	make this appli work described	med procession and the angle of the second s	as his authorized application is is	ne pr d age	ent and I agree, I certify that t	to conform he code offi	to all app cial's aut	plicable laws of thorized repres	of this sentative
SIG	GNATURE OF APPLICAN				ADDRES	S		DATI	E	P	НО

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

ocation of Construction:	Owner Name:	Owner	Address:	Phone:	Phone:	
190 Congress St	Kimball Building Llc Th	ne 490 C	longress St			
usiness Name:	Contractor Name:	Contra	Contractor Address: 4 Macy St. Portland		Phone 2077619045	
	Mathew Alcorn	4 Mac				
essee/Buyer's Name	Phone:	Permit	Type:		Zone:	
		Com	mercial			
Dept: Zoning S	Status: Approved with Condition	s Reviewer: Mar	ge Schmuckal Appr	roval Date: 08/2	3/2004	
	Ethan in planning - ONLY interior			Ok to Issue:	✓	
· •	lishing any newly proposed use. Sal of a site plan review thru the Plan	• •	e approved by this departn	nent AFTER the		
completion and approva 2) This permit is ONLY for		nning Department. no facade work - no ren			r of	
completion and approva 2) This permit is ONLY for the building - and no alt	al of a site plan review thru the Plan r INTERIOR work. There shall be r	nning Department. o facade work - no rending.	noval of the bay window - 1	no altering the exterio	1/2004	

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO