			PERMIT ISSUED					
City of Portland, Main 389 Congress Street, 0410				Issue Date		СВ І.: 017 I003	3001	
Location of Construction: Owner Name:			Owner Address			Phore:		
482 Congress St Brown J B &		Sons Po Box		CITY OF PO	ORTLAN	9 45908		
Business Name: Contractor Name		•	Contractor Add	Contractor Address:		Phone		
n/a	Monaghan Woodwo		111 Commer	111 Commercial St. Portland		2077752683		
Lessee/Buyer's Name	Phone:		Permit Type:	Permit Type:		Zone: 2		
n/a	n/a		Alterations -	Alterations - Commercial		B 5		
Past Use:	e: Proposed Use:		Permit Fee:	Permit Fee: Cost of Work:		CEO District:		
Office Office			\$108. FIRE DEPT:	Denied Us		Signature: Mung		
274		Soor						
Proposed Project Description:				_		ربير	*	
Interior renovations		Signature:	Signature: Signature: Signature			mature: Minimum		
			PEDESTRIAN ACTIVITIES DISTRI			CT (P.A.D.)		
			Action: A	Approved _\dagger\lambda_p	ploved w/Condi	_	Denied	
Permit Taken By:	Date Applied For:		•					
gad	12/06/2001		Zoi	Zoning Approval				
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Zoning Appeal Shoreland Variance				Historic Preservation Not in District or Landmark		
2. Building permits do not include plumbing, septic or electrical work.		Wetland	□м	Miscellaneous		Does Not Require Review		
3. Building permits are voi within six (6) months of	Flood Zone	☐ Cc	Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work		Subdivision Interp		termetation	tation Approved			
		Site Plan	☐ A _I	pproved	A	pproved w/Co	onditions	
		Maj Minor	المأما	enied	m	enied y	No Two	
		Date.	Date:	·	Date:	Ten Fer	runt	
I hereby certify that I am the of I have been authorized by the jurisdiction. In addition, if a shall have the authority to ent such permit.	owner to make this appli permit for work described	cation as his author I in the application	at the proposed we ized agent and I agis issued, I certify	gree to conform that the code off	to all applica ficial's author	able laws of	f this sentative	
SIGNATURE OF APPLICANT		ADDRESS		DATE	ATE PHONE		E	

DATE

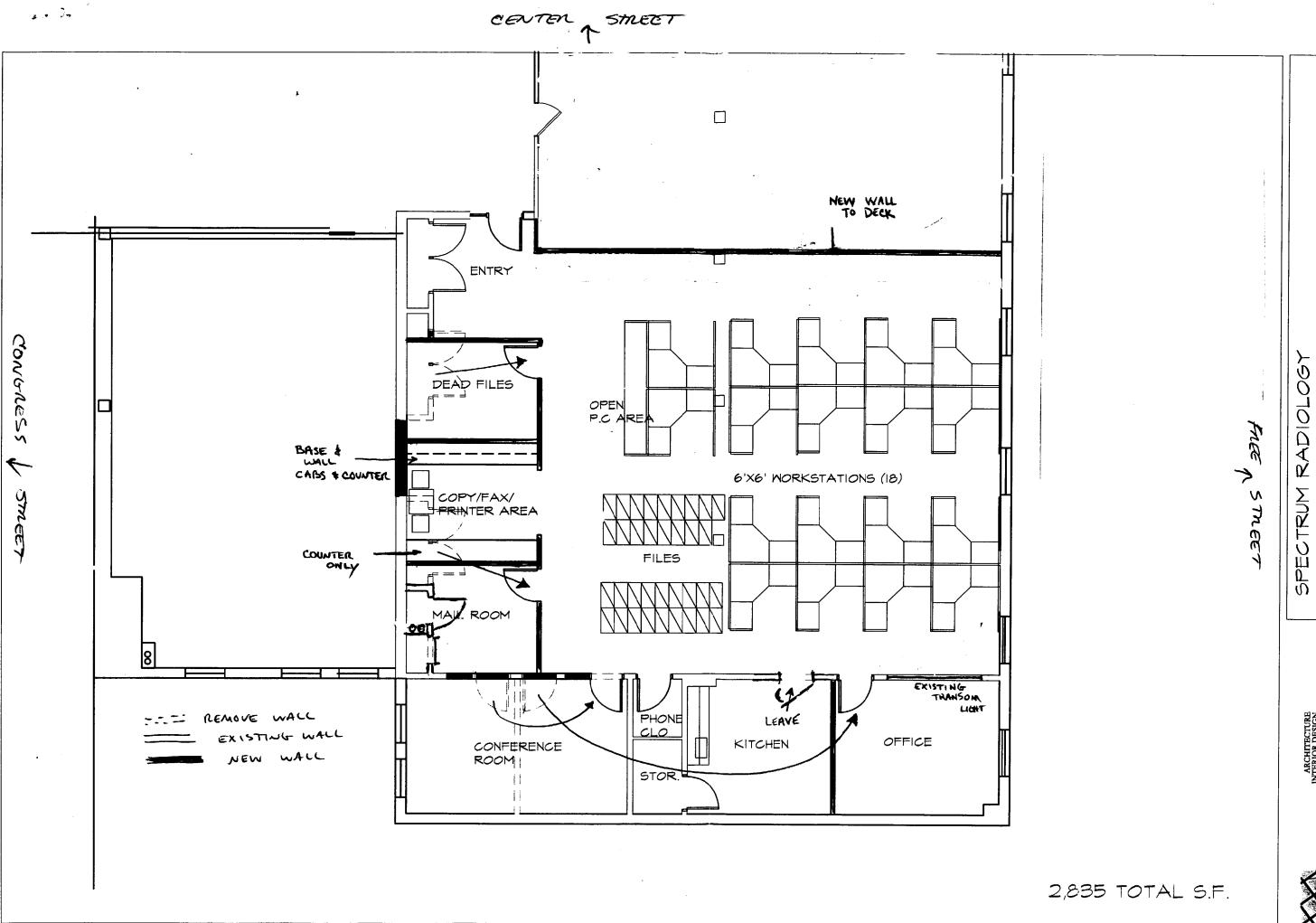
PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 482 CONGRESS STREET ZND FLOOR	
Total Square Footage of Proposed Structure ZB35 56 PT RENOVATION Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Owner: J. B. BROWN Telephone: 482 Con GRESS 57 774-59	08 .
Lessee/Buyer's Name (If Applicable) Applicant name, address & Cost Of Work: \$ 13, 2 telephone: Monaghan Woodwarks 100 commencial ST PORTLAND IME: 04/01 Fee: \$ 10 %: C	
Current use: OFFICE	
If the location is currently vacant, what was prior use:	
Approximately how long has it been vacant:	
Proposed use: OFFICE	
Project description: - REMONE 2 CLOSET > AND 1 WALL (NON-LOAD BEARING CONSTRUCT NEW WALLS (NON LOAD BOARING) AS SHOWN.	(-)As
Contractor's name, address & telephone: Non AGNAN Woodwarks Who should we contact when the permit is ready: BRAN FINLAY	
Mailing address: 100 commercial of suite 105 + Ca	Q
PORTLAND, ME 04(0)	683
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICATED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.	ALLY
I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed woll have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable jurisdiction. In addition, if a permit for work described in this application is issued. I certify that the Code Official's authorized rep shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes to this permit.	resentative
Signature of applicant: Rual Fular Date: 1260.	
This is not a permit, you may not commence ANY work until the permit is issued	3/01



SPECTRUM RADIOLOGY
482 Congress Street, Portland Maine
TIME
SPACE PLAN- Option B
SCALE 18"=1"

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SHEET

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