						PERMIT ISSUED					
City of Portland, Maine	U		1011	ermit No:	160	Issue Date:	0.0001	CBL			
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	01-	468	DEC I	<b>0</b> 200i	037 1004001			
Location of Construction:	Owner Name:		1	er Addre				Phone			
480 Congress St	Indy Maine In				70 Center Street Tyte OFO PORTLAND - 772-1054						
Business Name:	Contractor Name				Contractor Address: Phone						
n/a	<del></del>	Monaghan Woodworks Inc.			111 Commercial St. Portland 2077752683						
Lessee/Buyer's Name	Phone:	1	1	Permit Type: Zone:							
n/a		n/a				Alterations - Commercial 13-3					
Past Use:	Proposed Use:	El Di L	Pern	Permit Fee: Cost of Work:			•	EO District:			
		Commercial; First Phase, interior Demolition. (Second Phase of		\$84.00 \$10,000.00 2							
	,	interior Fit- up will be another		FIRE DEPT: Approved Use Group: Type:							
	permit at a late			☐ Denied ☐ Ost			Osc Oroup	Joseph D Type.			
								TV # 1999			
Proposed Project Description:		X 7.					D	Series Care 194			
Interior Demolition	Shand Go	Sign	Signature CIMP !			Signature	BOXX 1999				
		Thurk Klo	مري اجي					<u> </u>			
			Acti	Action Approved Approved Denied							
		Action Approved Appro				U/B	ca menantions Defined				
			Signature					ate:			
Permit Taken By:	ate Applied For: Zoning Approval						1				
gg 11/27/2001											
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		s Zoning Appeal			<b>Historic Preservation</b>				
		Shoreland		☐ Variance				Not in District or Landmark			
2. Building permits do not incomplete or electrical work.	Wetland		Miscellaneous			Does Not Require Review					
3. Building permits are void i within six (6) months of the	Flood Zone	Conditional Us				Requires Review					
False information may invapermit and stop all work	Subdivision		☐ Interprediction ☐ Approved				Approved				
		Site Plan						Approved w/Conditions			
	Maj Minor	yM []	] Denied				Denied offerw W				
	Land V	211	A Death			Date:	Tranves Amo				
	Date:	Jaie:	Date:			Toke Sup					
		`	, , ,					v pic			
		CERTIFICA	TION								
I hereby certify that I am the ow	ner of record of the na			posed v	work i	is authorized i	by the ow	ner of record and that			
I have been authorized by the ovigurisdiction. In addition, if a pershall have the authority to enter such permit.	vner to make this application work described	ication as his author d in the application	zed age	nt and I , I certif	agree y that	to conform t the code offi	o all applicial's auth	icable laws of this horized representative			
SIGNATURE OF APPLICANT		ADDF	ESS			DATE		PHONE			

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

Elonloy M