City of Portland, Maine - B	uilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	1: (207) 874-8703	3, Fax: (207) 874-8	3716	2014-01469		038 B002001	
Location of Construction: 2 PORTLAND SQ / 475 FORE ST CORP Z4		RICA REIT III PO BO		er Address: BOX 4900 DEP DTTSDALE , AZ		Phone:	
Business Name: Dean's Sweets							
Lessee/Buyer's Name	Phone:	hone:		Permit Type: Change of Use - Commercial		Zone:	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	Cost of Work:	CEO District:	
retail on 1st floor with offices abo	ve Same: retail o offices above	Same: retail on 1st floor with offices above		\$145.00 \$5,000.00 2 INSPECTION:			
Proposed Project Description: Change of Use - Cosmetic improv	rements, minor elec	etrical changes, and					
plumbing (1,130 SF) for Dick's Sv	nd manufacturing	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
of chocolate). Located at 475 Fore	Action: Approved Signature:		oved Approv	approved w/Conditions Denied			
				Date:			
	Date Applied For: 07/07/2014		Zoning Approval				
This permit application does not preclude to		Special Zone or R	eviews Zoning		ing Appeal	Historic Preservation	
Applicant(s) from meeting ap Federal Rules.				☐ Variance		Not in District or Landmar	
2. Building permits do not incluseptic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the contract of the c	Flood Zone		Conditi	onal Use	Requires Review		
False information may invalid permit and stop all work			Interpre	etation	Approved		
	Site Plan		Approv	red	Approved w/Conditions		
	Maj Minor MM		Denied		☐ Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owne I have been authorized by the own jurisdiction. In addition, if a perm shall have the authority to enter all such permit.	er to make this app it for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agreeded, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	