City of Portland, I		O			2013-02327	Issue Date:	038 F006001
389 Congress Street,	04101 Tel: (2		5, Fax: (207) 874-8				
Location of Construction: 245 COMMERCIAL ST		Owner Name: CASCO VIEW HOLDINGS LLC		Owner Address: PO BOX 11409 PORTLAND, ME 04104			Phone:
Business Name:		Contractor Name: Great Falls Construction kjames@greatfallsinc.com		Contractor Address: 20 Mechanic Street Gorham ME 04038			Phone (207) 839-2744
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Commercial		Zone:	
Past Use:		Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
1st floor retail & restaurant with business services & offices above		Same: 1st floor retail & restaurant with business service & offices above		INSP	\$130.00 ECTION:	\$11,0	000.00 2
Proposed Project Descripti Tilson Tech, Suite 203		ll office in place	of two existing	_			
cubicles.	Cicate a siilai	omoo m piace	of the Caleding	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: Approved Approved w/Co			ved w/Conditions Denied
		Signature:			Date:		
Permit Taken By: bjs	Date Applied For: 10/15/2013			Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zonin	g Appeal	Historic Preservation
Applicant(s) from Federal Rules.			Shoreland		☐ Variance		Not in District or Landm
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 			not started		Miscellar	neous	Does Not Require Revie
					Conditio	nal Use	Requires Review
					Interpreta	ation	Approved
					Approve	d	Approved w/Conditions
					Denied		Denied
			Date:		Date:		Date:
I have been authorized jurisdiction. In additio	by the owner to n, if a permit fo	o make this appl or work describe	lication as his authord in the application	nat the rized a is issu	proposed work is agent and I agree aed, I certify that	to conform to the code offici	y the owner of record and the all applicable laws of this ial's authorized representation of the code(s) applicable
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE	PHONE