•	of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:
	Congress Street, 04101 Tel: (, Fax: (207) 874-8		2014-01404		038 F006001
245	ion of Construction: COMMERCIAL ST (2nd & floor)	Owner Name: CASCO VIEW HOLDINGS LLC		Owner Address: PO BOX 11409 PORTLAND, ME 04104			Phone:
Business Name:		Contractor Name: VILLAGE BUILDERS		Contractor Address: 21 NEW PORTLAND ROAD GORHAM ME 04038			Phone: (207) 839-6072
Lessee/Buyer's Name		Phone:		Permit Type: Alterations -		nercial	Zone: B3
Past U	Jse:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
1st floor restaurant, art gallery & painting studio with offices and business sevices above		1st floor restaurant, art gallery & painting studio with offices and business sevices above		\$270.00 \$25,000.00 INSPECTION:			00.00 2
	osed Project Description:	business sevie	es above				
Part	ial Demo of non-load bering wall	ls/partitions & fi	nishes in offices on				
2nd	& 3rd floors.	PEDESTRIAN ACTIV		ESTRIAN ACTIVI	TTIES DISTRICT (P.A.D.)		
			Signature:		ved Approv	red w/Conditions Denied	
Permi	it Taken By: Date A	I			Δ	Date:	
bjs	06/20	Zoning Approval					
	This permit application does not	preclude the	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting application for the second secon		Shoreland		☐ Variance	e	Not in District or Landmar
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building			Flood Zone		Condition	onal Use	Requires Review
	permit and stop all work	Subdivision		Interpre	tation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions
		Maj Minor MM		☐ Denied		Denied	
			Date:		Date:		Date:
I hav juriso shall	eby certify that I am the owner of e been authorized by the owner t diction. In addition, if a permit fo have the authority to enter all are permit.	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGN	NATURE OF APPLICANT		ADDF	RESS		DATE	PHONE
RESI	PONSIBLE PERSON IN CHARGE OF V	VORK, TITLE				DATE	PHONE