City of Portland, Maine - Bu 389 Congress Street, 04101 Tel:	O			2014-02152	Issue Date:	038 F006001	
Location of Construction:	<u> </u>	o, rax: (207) 874-0					
245 COMMERCIAL ST	Owner Name: CASCO VIEV LLC	W HOLDINGS	Owner Address: PO BOX 11409 PORTL 04104		RTLAND, ME	Phone: (207) 791-3300	
Business Name:							
MEMIC							
Lessee/Buyer's Name Phone:				rmit Type:		Zone:	
				Alterations - Commercial		B3	
Past Use: 1st floor retail & restaurant with	Proposed Use:	Proposed Use: Same: 1st floor retail & restaurant with offices and business sevices above		Permit Fee: Cost of Work: \$3,008.00 \$250,0		CEO District:	
offices and business sevices above	restaurant with			\$3,008.00 \$250,000.00 2 INSPECTION:			
Proposed Project Description:							
Alterations, which consist of the res	or office space				(B 4 B)		
(4,332 SF) - Second and Third Floors (Partial).		PEDESTRIAN ACTIVITIES D					
		Action: Approved Appr		ed Approv	ved w/Conditions Denied		
			Signature:			Date:	
· ·			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	Zonin	g Appeal	Historic Preservation	
		Shoreland		☐ Variance		Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscellar Miscellar	neous	Does Not Require Review		
3. Building permits are void if we within six (6) months of the da	Flood Zone		Condition	nal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpreta	ntion	Approved		
	Site Plan		Approved	d	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this app for work describe	lication as his autho	nat the rized a is issu	proposed work is agent and I agree aed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADD:	RESS		DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	