City of Portland, Maine - Build	ding or Use 1	Permit Applicat	ion P	ermit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	Fax: (207) 874-8	716	2013-01973		039 A037001
Location of Construction: Owner Name:		Owr		r Address:		Phone:
106 HIGH ST (108) THIDWICK L		LC Box 4 ME 0		11 100 Commercial PORTLAND, 4101		ND, (207) 699-6020
Business Name: Contractor Name		:	Contrac	tor Address:	Phone	
		ME				
Lessee/Buyer's Name Phone:		Pern		Гуре:		Zone:
			Alterations - Commercial			В3
Past Use: Proposed Use:			Permit Fee: Co		Cost of Work:	CEO District:
		or restaurant/bar; rtists; 3rd floor orage only	rd floor INSPECTION:			
Proposed Project Description:		1				
Demolition ONLY - Remove interior floor and attic	ng between the 3rd	PEDESTRIAN ACTIVITIES DISTRICT (P.			P A D)	
11001 and acce					d w/Conditions Denied	
			Sign	nature:		Date:
ermit Taken By: Date Applied For: ldobson 09/03/2013			Zoning Approval			
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 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. 		Special Zone or Reviews		Zoning Appeal		Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
		Wetland		Miscella	aneous	Does Not Require Review
		Flood Zone		Condition	onal Use	Requires Review
		Subdivision		Interpre	tation	Approved
	Site Plan		Approved		Approved w/Conditions	
	Maj Minor MM		☐ Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	make this appl r work describe	lication as his authored in the application	at the prized against issue	ent and I agreed, I certify that	to conform to a the code official	all applicable laws of this al's authorized representative
			ADDRESS			

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE