	y of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:	
	Congress Street, 04101 Tel:	<u>`</u>	, Fax: (207) 874-8		2014-02336		040 E003001	_
Location of Construction: 311 COMMERCIAL ST		Owner Name: BROWN J B	Owner Name: BROWN J B & SONS		r Address: BOX 207 PORT	Phone: 04112		
Business Name:		Contractor Name: PM Construction		Contractor Address: 19 Industrial Park Road Saco ME 04			Phone: (207) 282-7697	
Lessee/Buyer's Name		Phone:		Permit Type: Change of Use - Commercial		mmercial	Zone:	
Past	Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:	_
	Hotel rooms with restaurant 14 residential condominiums	restaurant and	Same: 131 Hotel rooms with restaurant and 14 residential condominiums		\$7,814.00 ECTION:	\$700,0	000.00 2	
_	oosed Project Description: erior fit-out of shell to Restauran	t / Bar - ""TIOA"						
2220			PEDESTRIAN ACTIVITIES DISTRICT		T (P.A.D.) roved w/Conditions Denied			
				Action: Approved Appr			ved Approv	
				Si	gnature:		Date:	
Permit Taken By: Date Applied For: 10/06/2014				Zoning Approval				
1.	This permit application does not preclude the		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	_
Applicant(s) from meeting applical Federal Rules.			☐ Shoreland ☐ Wetland		☐ Varianc	e	Not in District or Landm	ıar
2.	Building permits do not include septic or electrical work.	Miscella			aneous	Does Not Require Revie	w	
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 permit and stop all work			☐ Flood Zone ☐ Subdivision ☐ Site Plan		Condition	onal Use	Requires Review	
					Interpre	tation	Approved	
					Approve	ed	Approved w/Conditions	
		Maj Minor MM		☐ Denied		Denied		
			Date:		Date:		Date:	
I ha juris shal	reby certify that I am the owner over been authorized by the owner ediction. In addition, if a permit I have the authority to enter all an permit.	to make this appl for work describe	lication as his authord in the application	nat the rized a is issu	proposed work a gent and I agree ed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	ve
SIG	NATURE OF APPLICANT		ADD	RESS		DATE	PHONE	_
RES	SPONSIBLE PERSON IN CHARGE OF	WORK, TITLE				DATE	PHONE	_