Form # P 04 <b>D</b>	ISPLAY	THIS (	CARD	ON	PRINC	CIPAL	FRO	NTAGE	OF	WORK		
Please Read Application And Notes, If Any, Attached		С	ITY E			OBECT			it Numb	PERMIT IS er: 070466 MAY 1 6		-
This is to certify that	nt <u>BROW</u>	NE INTERNA	ATION	CORP	CRM Con	struction,	vices					
has permission to _	Replace	rotted framir	ng for re	cement	dows,	nove & i	r ace sh	eetrock, pos	sible r	TEKU CALE CALE	TEAND	
AT 260 COMME							L 04	1 A015001				
of the provis the construct this departm Apply to Public and grade if na such informatio	tion, main ent. Works for ature of wor	street line	and u	fication fication n and w re this ed or	f inspe en perm	e n mu ni pn pro or rt the rosed-	us e ocu d recus in 4	A ce	f the a	Portland re application of occupancy owner before t hereof is occupi	must be	
Fire Dept.										/		
Health Dept Appeal Board								**************************************	12	11	1	
Other							$\left( \right)^{2}$	Mul /	or - Building	A Inspection Services	107_	
		I	PENALI	TY FO	R REMC	<b>VING TI</b>	HÌS CA	RD		• ,	1	

Sanne

City of Portland, Maine - B	uilding or Use	Permit Applicatio	n <sup>Per</sup>	mit No:	Issue Date:	CBL:		
389 Congress Street, 04101 Te	1	1 1			041 A015001			
Location of Construction:		Owner Address:		Phone:				
260 COMMERCIAL ST	TERNATIONAL CO	260 COMMERCIAL ST						
Business Name:	Contractor Name	Contractor Name:			Contractor Address:			
	CRM Constru	CRM Construction, Services, Inc.			94 Washington Street Auburn			
Lessee/Buyer's Name	Phone:	Phone:		t Type:		Zone:		
			Alte	rations - Con		WCZ_		
Past Use:	Proposed Use:		Permi	it Fee:	Cost of Work:	CEO District:	1	
Commercial		Commercial - Replace rotted		\$270.00	\$25,000.0			
Browne Trading Co. offices 1st: Ind floor		placement windows,	FIRE	DEPT:	Appioned	SPECTION:	ah	
offices 1st : Ind floor		remove & replace sheetrock, possible replacement of studs Due to Storm Damage			] Denied	se Group:	roup: b Type 30	
		4	ISPECTION: Jse Group: 6 Type3b TB(-2003 ignature: MB573/07					
Proposed Project Description:		<b>2</b> 1				hube	1.1.	
Replace rotted framing for replace sheetrock, possible replacement of			Signature: Signature PEDESTRIAN ACTIVITIES DISTRICT (P.			gnature:	re://wr/3/2/0 (	
	n Danlage	PEDESTRIAN ACTIVITIES DISTRICT (P.			CI (P.A.p.)	/		
		Action: Approved Approved w/Conditions Denied				Denied		
			Signature:			Date:		
Permit Taken By: Dat			Zoning	Approval				
Idobson 05								
1. This permit application does		Special Zone or Reviews		ws Zoning Appeal			Historic Preservation	
Applicant(s) from meeting ap	plicable State and					Not in Distri	ct or Landmark	
Federal Rules.		allin	win					
2. Building permits do not inclusive septic or electrical work.	Wetland Work or		Miscellaneous		Does Not Re	Does Not Require Review		
3. Building permits are void if w within six (6) months of the d	Flood Zone Arishy Subdivision				🗌 Requires Re	Requires Review		
within six (0) months of the d					Approved			
False information may invalid permit and stop all work	ate a building	Subdivision Subdivision	P		tation	Approved		
•	ate a building	Subdivision Subdivision	μ	Interpret Approve		Approved	/Conditions	
permit and stop all work		Site Plan Maj Minor MM	1			<ul> <li>Approved w.</li> <li>Denied</li> </ul>	/Conditions	
•		Subdivision Site Plan Maj D Minor MM Okul Cardi hi	1 🗌 ¢	Approve     Denied		Approved w	/Conditions	
permit and stop all work	ED	Site Plan Maj Minor MM	1 🗌 ¢			<ul> <li>Approved w.</li> <li>Denied</li> </ul>	/Conditions	

## CERTIFICATION

CITY OF PORTLAND

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE