City of Portland, Maine - Bui	_			11	mit No: 04-0089	Issue Da		2004 C43 DC	005001	
389 Congress Street. 04101 Tel: (207) 874-8703, Fax: (207) 874-871 Location of Construction: [Owner Name:						<u> </u>	EB 06	711141		
	1		Owner Address:				Phone:			
454 Commercial St	City Of Portland			389 Congress St OTY OF PORTLAND						
Business Name:	Contractor Name: R Connolly & Co., Inc.			Contractor Address:				Pho 16		
		X Co., Inc.		P.O. Box 8463 Portland				2076884223		
Lessee/Buyer's Name	Phone:			Permit Type:				Zone: UFL		
				Alterations - Commercial						
Past Use: Proposed Use:			-	Permit Fee: Cost of Work:				CEO District:		
International Ferry Terminal	International Ferry Terr			\$57.00		\$4,0	00.00	2		
	ft & 20 ft interior partition wall w/		Approved (INSPI	SPECTION:			
set of dou		doors.				Use C	se Group: Type: C			
				Demed						
							1	2/5/	1	
Proposed Project Description:			1					(' //		
International Ferry Terminal / add 6 ft & 20 ft interior			on wall w/ set	w/ set Signature			Signa	Signature Chil		
of double doors.						IVITIES DE		TRICT (P.A.D.)		
								d w/Conditions Denied		
							pproved	Date:		
D 4 A P IF				Signature:				Date:		
	Permit Taken By: Date Applied For:			Zon			al			
ldobson l 01/30/2004		- Cno	oial Zana an Barria	7				T True & D		
1. This permit application does not preclude the Applicant(s) from meeting applicable State and		Special Zone or Reviews Shoreland		ews	Zoning Appeal Variance			Historic Preservation Not in District or Landmark		
Federal Rules. 2. Building permits do not include plumbing,			Wetland		Miscellaneous			Does Not Require Review		
septic or electrical work.										
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		Conditional Use			Requires Review		
			Subdivision		Interpretation			Approved		
		Si	te Plan		Approve	ed		Approved w/	Conditions	
			Maj Minor MM		Denied			☐ Denied ☐		
			Date: 1/3/0		Hate:			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.	o make this appli or work described	med pro cation a d in the	as his authorized application is is	ON ne propo l agent ssued, I	osed work is and I agree certify that	to conform the code o	d by the	e owner of recon applicable laws authorized repr	of this resentative	
SIGNATURE OF APPLICANT			ADDRESS	S	DATE			PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

2111/41 Cloxin oray - this wer be file rated go