City of Portland, Maine - 389 Congress Street, 04101	O		1011	Permit No: 2014-02200	Issue Date:		CBL: 045 A001001	
•	Owner Name:	, rax. (207) 674-6			<u> </u>	<u> </u>		
Location of Construction: 660 CONGRESS ST	ELLOW LLC	Owner Address: PO BOX 179 SOUTH FREEPORME 04078		ΓΗ FREEPOR		Phone: (207) 865-9351		
Business Name: Contractor Name Bayhill Buildi			Contractor Address: P.O. Box 179 South Freeport ME (Phone: (207) 865-9351		
Past Use: Proposed Use:			Permit Fee: Cost of Work:		CEO District:			
Two commercial units with 7 dwelling units above - currently vacant for 5 years	Ground Floor be commercial required permi uses - Second	Ground Floor and Basement to be commercial with future required permits for specific uses - Second floor one dwelling unit and Third Floor one dwelling unit		\$4,514.00 \$400,000.00 3 INSPECTION:				
Proposed Project Description:								
Phase II for building: to constru health safety systems, establish floors -		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied Signature: Date:						
Permit Taken By: Date Applied For:			Zoning Approval					
dmc			Zomng Approvar					
This permit application doe Applicant(s) from meeting Federal Rules.	Special Zone or Reviews Shoreland			Zoning Appeal Variance		Historic Preservation Not in District or Landmark		
 Building permits do not inconseptic or electrical work. Building permits are void in within six (6) months of the False information may invariant and stoned work. 	☐ Wetland☐ Flood Zone☐ Subdivision		Condition	☐ Miscellaneous ☐ Conditional Use ☐ Interpretation		Ooes Not Require Review Requires Review Approved		
permit and stop all work	Site Plan		Approve	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the ow I have been authorized by the ov jurisdiction. In addition, if a per shall have the authority to enter such permit.	vner to make this appl mit for work describe	ication as his author d in the application	at the p ized ag is issue	gent and I agreed, I certify that	e to conform to t the code offic	all application	cable laws of this orized representative	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE