	y of Portland, Maine		O			Permit No:	Issue Date:		CBL:	
	Congress Street, 04101	Tel: (2		, Fax: (207) 874-8°		2013-02505			045 A003001	
Location of Construction: 638 CONGRESS ST- (640-642)			Owner Name: 638 CONGRESS STREET PARTNERS LLC			Owner Address: 104 GRANT ST PORTLAND, ME 04101			Phone:	
	ness Name: mmunity Health and wellr iter	iess	Contractor Name:			ractor Address:	Phone			
Less	ee/Buyer's Name		Phone:			it Type:	Zone:			
	c Hilton		(207) 286-734	3			e of Use - Commercial		B3 R6	
	Use:		Proposed Use:			Permit Fee: Cost of Work:			CEO District:	
101 residential Dwelling units with retail, restaurant & personal services along 1st floor of Congress St.			to change the use of a retail pawn show to a Health & Wellness center at 640-642 Congress		\$115.00 \$2,000.00 3 INSPECTION:					
Prop	oosed Project Description:									
_	ange of use from Pawn sh	alth and wellnes	ss ctr.							
	compassing 640-642 Cong	•				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	ors to be built.	ce into tv	wo office spaces only walls and		Action: Approved Approved w/Conditions Denied Signature: Date:					
Permit Taken By: Date Applied For:				Zoning Approval						
-			3/2013		Zoming Approvai					
1.	This permit application does not		preclude the	Special Zone or Reviews Shoreland		Zonir	Zoning Appeal Variance		Historic Preservation	
	Applicant(s) from meeting Federal Rules.		☐ Variance			Not in District or Landman				
 Building permits do not include plu septic or electrical work. Building permits are void if work is within six (6) months of the date of False information may invalidate a permit and stop all work 			_			Miscella	Miscellaneous Conditional Use Interpretation Approved		Does Not Require Review	
			of issuance.			Condition			Requires Review	
			a building			Interpret			Approved	
						Approve			Approved w/Conditions	
		Maj Minor M		/IM Denied			Denied			
				Date:		Date:		Date:		
				CERTIFICA	TION			Бисс		
I ha juris shal	reby certify that I am the over been authorized by the sdiction. In addition, if a I have the authority to enter permit.	owner to permit fo	o make this appl or work describe	ication as his author d in the application	ized a is issu	agent and I agree ned, I certify that	to conform to a	all appl al's aut	licable laws of this horized representative	
SIG	NATURE OF APPLICANT		ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE