City of Portland, Maine - Bu	_			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	3, Fax: (207) 874-8	8716	2014-01444		045 A003001	
Location of Construction: Owner Name:			Owner Address:		Phone:		
638 CONGRESS ST	PORT PROPE MANAGEME			104 GRANT ST PORTLAND, ME 04101		E	
Business Name:						I	
Lessee/Buyer's Name Phone:			Perm	ermit Type:		Zone:	
				HVAC		B3 R6	
Past Use:	Proposed Use:	•		it Fee: Cost of Work:		CEO District:	
101 residential dwelling units with retail restaurant & personal services		Same: 101 residential dwelling units with retail restaurant &		\$60.00 ECTION:	\$4,0	000.00 3	
on first floor along Congress Street	personal servi	personal services on first floor along Congress Street					
Proposed Project Description:			1				
For the installation of a Fujitsu ASU AOU30RLX (Condenser) Wall-Mo		DEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
710030KEZY (Condenser) Wan Wo	Tunk) System.						
		Action: Approved Approved		ved w/Conditions Denied			
<u> </u>		S		ignature:		Date:	
ermit Taken By:  dmc  Date Applied For:  07/02/2014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	Reviews	Zonin	g Appeal	Historic Preservation	
		Shoreland		☐ Variance	;	Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	neous	Does Not Require Review		
3. Building permits are void if wo within six (6) months of the day	Flood Zone		Conditio	nal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpreta	ation	Approved		
	Site Plan		Approve	d	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	A TION	AT			
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this app for work describe	amed property, or the lication as his authored in the application	hat the orized a	proposed work is agent and I agree aed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	