Contraction of Construction: Owner Name: CITY OF PORTLAND 389 CONGRESS ST Phone:		y of Portland, Maine -	- C			Per	rmit No: 09-0383	Issue Dat	e:	CBL: 052 C00	05001	
Basines Name: Contractor Name Phone: Power of Contractor Address: Phone Peters Construction, Inc. PO. Box of I Gotham 2073188523			. , ,	rax: (2	207) 874-8716)3001	
Reserving Peters Construction, Inc. Promit Type: Zone: Municipal									Phone:			
Past Use: Commercial / Expo Contended Expo Construction of drainage improvements, including underdrain, pavement, and sidewalks Fremit Fee: Summare: Signature: Date: Contended Co	Business Name:											
Past Use: Commercial / Expo Commercial / Expo	_	/D 1 N		· ·								
Commercial /Expo	Less	see/Buyer's Name	Phone:								Zone:	
drainage improvements, including underdrain, pavement, and sidewalks Proposed Project Description:			-	Commercial / Expo - construction of								
Proposed Project Description: construction of drainage improvements, including underdrain, pavement, and sidewalks Description:	Coı	mmercial /Expo				<u> </u>		-	<u> </u>			
construction of drainage improvements, including underdrain, pavement, and sidewalks Signature Signature Signature Signature PEDESTRIA ACTIVITIES DISTRICT (P.A.D.)			underdrain, pa	underdrain, pavement, and		Hpproved						
construction of drainage improvements, including underdrain, pavement, and sidewalks Signature Signature Signature Signature PEDESTRIA ACTIVITIES DISTRICT (P.A.D.)	Droi	posed Project Description				_						
Approved Approved w/Condition Denied Signature: Date:		·	ovements, including und	lerdrain	, pavement,	Signat	ture:		Signatu	ıre:		
Permit Taken By:	and	l sidewalks		-					TRICT (ICT (P.A.D.)		
Permit Taken By:						Action Approved Approve			oroved w	ed w/Condition Denied		
Light Ligh						Signa	ture:			Date:		
Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, 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 Site Plan				Zoning Approval								
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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 Site Plan		Applicant(s) from meeting applicable State and		Shoreland			☐ Variance			☐ Not in District or Landn		
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 Subdivision	2.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie			
Permit and stop all work Site Plan	3.	Building permits are void if work is not started		☐ Flood Zon		Conditional Us			Requires Review			
CERTIFICATION 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 th 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.		•	validate a building	Subdivision			☐ Interpretatio			Approved		
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SIGNATURE OF APPLICAN ADDRESS DATE PHO	I ha juris shal	ve been authorized by the obdiction. In addition, if a pell have the authority to ente	owner to make this appliermit for work described	med procession a	operty, or that the as his authorized application is iss	ne prop d agent sued, I	t and I agree t certify that th	o conform to ne code office	to all ap cial's au	pplicable laws othorized repre	of this sentative	
SIGNATURE OF APPLICAN ADDRESS DATE PHO												
	SIG	NATURE OF APPLICAN			ADDRES	S		DATE		P	РНО	

Location of Construction: 233 Park Ave	Owner Name: CITY OF PORTLAN	D	Owner Address: 389 CONGRESS ST]	Phone:		
Business Name:	Contractor Name:		Contractor Address:		Phone		
	Peters Construction,	Peters Construction, Inc P.O. Box 61 Go		rham		2073188523	
Lessee/Buyer's Name	Phone:		Permit Type: Municipal		2	Zone:	
Dept: Zoning Sta	atus: Approved with Conditi	ons Reviewer:	Marge Schmuckal	Approval Date	: 05/06 Ok to Issue:	5/2009 V	
work.	oved on the basis of plans sub	-		arate approval be Approval Date		that 2/2008	
work.	oved on the basis of plans substatus: Approved with Condition	-		Approval Date		2/2008	
work. Dept: Building Sta Note: 1) Separate permits are require	-	ons Reviewer: g, sprinkler, fire al	Tammy Munson	Approval Date	: 05/12 Ok to Issue:	2/2008	
work. Dept: Building Sta Note: 1) Separate permits are require need to be submitted for a	atus: Approved with Condition	ons Reviewer: g, sprinkler, fire al	Tammy Munson arm or HVAC or exhaust	Approval Date systems. Separate Approval Date	: 05/12 Ok to Issue: e plans may	2/2008 V 3/2009	

5/6/2009-mes: There is a site plan exemption and I had to track down the impervious surface information.

CERTIFICATION

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SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО