City of Portland, Maine - Build	ding or Use l	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	O			2014-00632		114A A001001	
Location of Construction:	Owner Address:		.	Phone:			
96 FALMOUTH ST (70) UNIVERSITY		OF MAINE	107	107 MAINE AVE BANGOR, ME 04401			
Business Name: Contractor Nam		: Co		ntractor Address:		Phone	
University of Southern Maine	TBD	BD		E			
Lessee/Buyer's Name	Phone:	Phone:		t Type:	Zone:		
Timothy Braun	(207) 780-4742		Alterations - Commercial			B2 R5	
Past Use:	Proposed Use:		Perm	nit Fee: Cost of Work:		CEO District:	
		rsity of Southern cience 3rd Floor Lab		\$2,595.00 \$250,000.00 4 INSPECTION:			
Proposed Project Description:							
Fit out of existing shell space on 3rd f	•						
			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					d w/Conditions Denied Date:		
Permit Taken By: Date Ap	-1:-3 F	Γ	31			Date:	
Permit Taken By: Date Applied For: 04/02/2014			Zoning Approval				
 This permit application does not preclude the Applicant(s) from meeting applicable State an Federal Rules. 		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation	
		Shoreland		☐ Variance	e	Not in District or Landman	
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building 		Wetland		Miscella Miscella	nneous	Does Not Require Review	
		suance.		Condition	onal Use	Requires Review	
permit and stop all work	a building	Subdivision		Interpre	tation	Approved	
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		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 appl or work describe	ication as his author d in the application	at the rized a is issu	proposed work i gent and I agree ed, I certify that	to conform to a the code officia	ll applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	