				PERM	ALT ISSU	JED	Tanz		
City of Portland, Maine - Building or 389 Congress Street, 04101 Tel: (207) 874-				l l odiogga l			CBL: 114A F001001		
Location of Construction: Owner N				Owner Address:		32	Phone:		
364 Forest Ave Oak		Oakhurst Dairy	Oakhurst Dairy		364 Forest Ave		800-847-4907		
		Contractor Name	Contractor Name:		Contractor Address:		Phone		
n/a F		HE Callahan C	HE Callahan Construction Co.		664 Turner Rd Auburn			2077836733	
Lessee/Buyer's Name Phone:		Phone:		Permit Type:			Zone:		
n/a	n/a n/a			Alterations - Commercial			1 E-2		
Past	Proposed Use:			Permit Fee: Cost of Work:			CEO District:		
Commercial / Storage & Office			Commercial / Interior renovations to					2	
			produce plastic bottles.	Approved			SPECTION: Type: A / C / C / C / C / C / C / C / C / C /		
1 -	osed Project Description:			/	$Y \in Y$	1 1			
Interior Renovations					Signature				
				PEDESTRIAN ACTIVITIES DISTRI					
			Action: Approved Approved Signature:						proved w/Co
									D:
	nit Taken By:	Date Applied For:		Zoning Approval					
gg		03/15/2002	Carolal Zana an Danie	cial Zone or Reviews Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State a Federal Rules.		Special Zone or Reviews Zoning Appeal Shoreland Variance		<u>ı</u>	Not in District or Landmark			
2.	Building permits do not include plumbing, septic or electrical work.		Wetland	Miscellaneous [Does Not Require Review		
3.	Building permits are void within six (6) months of the		Flood Zone	Conditional Use			Requires Review		
False information may invalidate permit and stop all work		_	Subdivision	Interpre	Interpretation		Approved		
			Site Plan	Approv	/ed		Approved w/C	Conditions	
	<i>i</i>		Maj Minor Mi	Denied			Denied		
	500		3/15/	Date:		Date:			
	S(a	" NO							
I hav juris shall	reby certify that I am the over been authorized by the condition. In addition, if a position to enter a permit.	owner to make this appliermit for work described	ication as his authorized in the application is is	he proposed work in a gree and I agree assued, I certify that	to conform the code of	to all appl ficial's aut	icable laws of horized repre	of this esentative	
SIGNATURE OF APPLICANT			ADDRES	s	DATE	E	PHOI	NE	
RES	PONSIBLE PERSON IN CHAR	GE OF WORK, TITLE		<u> </u>	DATE		PHO	NE	

11. M. M. My Lightedo 4/5/02 Chester Ann Marion Conk - Will med The Stypen of French Conk

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