City of Portland, Ma 389 Congress Street, 04	U				2014-01037	Issue Date:	010 E002001
Location of Construction: Owner Na			73, 1 ax. (207) 674-6		r Address:		Phone:
		DE STUDIOS 273		CONGRESS STREET RTLAND, ME 04101		r none.	
Business Name:							I
Lessee/Buyer's Name	Phone:			Permi	it Type:		Zone:
Dessed Bayer's Ivallie	i none.			Change of Use - Commercial		mmercial	ILb
Past Use:	Propose	Proposed Use:			it Fee:	Cost of Work:	CEO District:
Warehouse, wholesale &		Three separate units within			\$2,795.00 \$269,745.0		45.00 1
	manu	building -all are Industrial (light manufacturing) and warehouse/storage		INSPECTION: Use Group: F-1 Type: 3B			
			ENTIRE				
Proposed Project Description: Divide interor warehouse							
manufacturing) warehous		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
accessible ramps & stairs	sible ramps - construct 2 new ry canopy					ed w/Conditions Denied	
					ignature:		Date:
Permit Taken By: Idobson	Date Applied Fo 05/15/2014	r:	Zoning Approval				
This permit application does not preclude the			Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation
Applicant(s) from mo			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 permit and stop all work 			☐ Wetland		Miscella	neous	Does Not Require Review
			Flood Zone		Condition	onal Use	Requires Review
			Subdivision		Interpret	ation	Approved
			☐ Site Plan Maj ☐ Minor ☐ MM ☐		Approve	ed	Approved w/Conditions
					☐ Denied		Denied
			Date:		Date:		Date:
			CERTIFICA	TION	V		
I have been authorized by jurisdiction. In addition, i	the owner to make f a permit for work	this app describe	lication as his authored in the application	rized a is issu	agent and I agree ned, I certify that	to conform to the code offici	where the owner of record and that all applicable laws of this falls authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RESPONSIBLE PERSON IN C	CHARGE OF WORK, T	ITLE				DATE	PHONE