City of Portland, Maine -	Building or Use 1	Permit Applicat	tion 📙	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Γel: (207) 874-8703	Fax: (207) 874-8	3716	2014-01409		116 B001001	
Location of Construction: Owner Name:		Owner A		Address:		Phone:	
442 FOREST AVE C S C		PO BOX 8550 PORTLANI 04104		RTLAND, ME	(202) 393-8607		
Business Name:	Contractor Name	Contractor Name:		ctor Address:	Phone:		
Norway Savings Bank	Hebert Constr	Hebert Construction		ıld Rd. Lewisto	(207) 783-2091		
Lessee/Buyer's Name	Phone:	one:		Type:	Zone:		
				rations - Comm	B2b		
Past Use:	Proposed Use:	-		Permit Fee: Cost of Work:		CEO District:	
Retail Bank with drive-thru Same: Retail I thru		Bank with drive- INSPEC		\$2,530.00 CTION:	\$251,0	00.00 4	
Proposed Project Description: Demo interior of existing bank a	and provide new bank	k lavout for Norway					
Savings Bank.	· ·		TRIAN ACTIVITIES DISTRICT (P.A.D.)				
						red w/Conditions Denied	
			Sig	nature:		Date:	
Permit Taken By: bjs	Date Applied For: 06/26/2014		Zoning Approval				
This permit application does not preclude the		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	e	☐ Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void in within six (6) months of the	Flood Zone		Condition	onal Use	Requires Review		
False information may invalidate a building permit and stop all work		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 own I have been authorized by the own jurisdiction. In addition, if a per shall have the authority to enter such permit.	vner to make this appl mit for work describe	lication as his authored in the application	at the prized ag	ent and I agreed, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
p•							

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE