City of Portland, Maine - Buil	ding or Use l	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	U			2014-00065		126 D002001
Location of Construction:	Owne		· Address:		Phone:	
563 FOREST AVE EA REALTY		LLC 276 C 0410.		CANCO RD PO 03	ORTLAND, MI	3
Business Name: Contractor Nam		:	Contractor Address:			Phone
TBD		ME				
Lessee/Buyer's Name Phone:				it Type:	Zone:	
			Change of Use - Commercial			B2b R3
Past Use: Proposed Use:		Perm		it Fee:	Cost of Work:	CEO District:
Retail (Running with Scissors) currently vacant to change the temperature in the Endodontic December (professional control of the Endodontic December 2).		10 0 0 - 1		00.00 7		
Proposed Project Description:						
C of U with Interior & Exterior (wind	vations)			PIEG Diompion o		
	PEDESTRIAN ACTIVITIES DISTRICT Action: Approved Approved Approv		P.A.D.) ed w/Conditions Denied			
		Signature:		Date:		
Permit Taken By: Date Ap bjs 01/14		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include particles septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if work within six (6) months of the date	☐ Flood Zone		Condition Condition	onal Use	Requires Review	
False information may invalidate 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 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 authored in the application	at the rized a is issu	proposed work a gent and I agree ted, I certify that	to conform to a	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE