City of Portland, Maine - Bu	O			2013-02070	Issue Date:		142 F007001	
389 Congress Street, 04101 Tel: Location of Construction:		o, Fax: (207) 874-8	, ,				!	
		T EDWARD C		Owner Address: 905 FOREST AVE PORTLAND, 04103		ME	Phone: (207) 761-2503	
Business Name:	Probuild	Contractor Name: Probuild richard.probuild@gmail.com		Contractor Address: 12 Prospect Street Old Orchard Bch ME 04064			Phone (207) 712-4471	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Alterations - Commercial			Zone: B2	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
currently vacant waiting for a tenant Same: vacant				\$280.00 \$26,0 NSPECTION:		000.00 5		
Proposed Project Description:			_					
Insulate exterior walls - install meta	al studs @ exterior	r walls. Misc						
masonry, new overhead door, new	l. PHASE I of 2	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
phases (phase II in the future).			ignature: Approved Approved w/Conditions Denied					
Permit Taken By: Date	I				Du			
bjs 09/	Zoning Approval							
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		Shoreland		☐ Varianc	Variance		Not in District or Landmar	
2. Building permits do not includ septic or electrical work.	☐ Wetland		Miscell	aneous		Does Not Require Review		
3. Building permits are void if we within six (6) months of the da	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		Interpre	Interpretation		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		_ Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authord in the application	at the rized a is issu	proposed work gent and I agree led, I certify that	to conform to the code offic	all appl ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE