City of Portland, Maine - Buil	O			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-00934		142 I001001
Location of Construction: 135 WALTON ST - UNIT H DAKOTA BE LLC		AR PROPERTIES	45 S	Owner Address: 45 SOME VIEW DR SWEDEN, ME 04040		Phone: (207) 890-9199
Business Name:	Contractor Name: Brian Levesque		Contractor Address: 119 High St Sanford ME 04073			Phone (207) 467-0202
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use - Commercial			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Mixed uses including warehouse- low impact food production - commercial laundry - commercial kitchen with offices	Change of use to add registered medical marijuana cultivation facilities to warehouse - low impact food production - commercial laundry -		INSPI	\$205.00 \$11,000.00 5 INSPECTION:		
		tchen with ofices				
Proposed Project Description:						
Change of use and build 3 interior roccultivate registered medical marijuana		DEDUCTION AND A CONTINUE DATE OF A D				
cunivate registered medical marjuane	iii 11	PEDESTRIAN ACTIVITIES DISTRICT (I Action: Approved Approve		d w/Conditions Denied		
			Signature: Date:			
	oplied For: 5/2014		Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoniı	ng Appeal	Historic Preservation
				☐ Variance	e	Not in District or Landman
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	neous	Does Not Require Review
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate a buildi permit and stop all work		□ Subdivision □ Site Plan		☐ Interpre	tation	Approved
	Approve			ed	Approved w/Conditions	
	Maj		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 author d in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to a the code official	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE