City of Portland, Maine	•			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-8	716	2013-01146	<u> </u>	145 B042001
Location of Construction: Owner Name 746 STEVENS AVE UNIVERS ENGLANI		OF NEW	Owner Address: 11 HILLS BEACH RD BIDDEFORD, ME 04005		Phone: PRD,	
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone	
UNE	 	Allied Cook Construction jpschwartz@alliedcook.com		Box 1396 Portla	(207) 772-2888	
Lessee/Buyer's Name	Phone;	Phone:		it Type: endment to Con	Zone: R5	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Dental Arts and Patient Care	•	Same: Dental Arts and Patient		\$1,582.27 \$156,00		i i
building on University Campu		Care building on University Campus		ECTION:		
Proposed Project Description:		•	1			
Amendment to permit #2012-	ut of basement	į				
portion of project.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Coi				
		**************************************	S	ignature:		Date:
Permit Taken By: bjs	Date Applied For: 06/05/2013		Zoning Approval			
1. This permit application d	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State an Federal Rules.		☐ Shoreland		[]] Varianc	e	Not in District or Landmark
 Building permits do not i septic or electrical work. 	☐ Wetland		Miscella	nneous	Does Not Require Review	
3. Building permits are voic within six (6) months of t	Flood Zone		Condition	onal Use	Requires Review	
False information may in 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 o I have been authorized by the o jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this applermit for work describe	ication as his author d in the application	nt the p ized a is issu	proposed work is gent and I agree ed, I certify that	to conform to a the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT	ADDRESS		and the second s	DATE	PHONE	

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE

DATE

PHONE