City of Portland, Maine - Bu	_			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	•	3, Fax: (207) 874-8		2014-02122		147 C001001	
Location of Construction: Owner Name:				er Address:	Phone:		
52 Canco Rd	CONGDON F ETALS	GILBERT III 141 PR 04103		PROSPECT ST 03	PORTLAND,	ME	
Business Name:			ı			L	
Lessee/Buyer's Name Phone:		Permit T		it Type:		Zone:	
Verizon			Radio/Telecommunications Equipm		ment IM		
Past Use:	Proposed Use:		Perm	Permit Fee: Cost of Work:		CEO District:	
Monopole and support equipment building on leased land		Same: Monopole and support equipment building on leased land		\$564.00 \$50,000.00 5 INSPECTION:			
Proposed Project Description: Collocate antennas on existing wirely	less telecommuni	cations tower and					
install equipment shelter*still needs	4 .0		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w		ed w/Conditions Denied			
					Date:		
Permit Taken By: Date Applied For: 1dobson 09/11/1014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	Zonin	g Appeal	Historic Preservation	
		Shoreland		☐ Variance		Not in District or Landmar	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscellar Miscellar	neous	Does Not Require Review		
3. Building permits are void if wo within six (6) months of the dat	Flood Zone		Condition	nal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpreta	ition	Approved		
	Site Plan		Approved	1	Approved w/Conditions		
	Maj Minor MM		Denied		☐ Denied		
	Date:		Date:		Date:		
		CERTIFICA	TION	AT.			
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all as such permit.	to make this app for work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work is agent and I agree aed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	