Cit	ty of Portland, Maine - I	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101 T	el: (207) 874-8703	8, Fax: (207) 874-8	3716	2014-01318		163 B003001
	ation of Construction: 1 WASHINGTON AVE	Owner Name: V S H REALT	Owner Name: V S H REALTY INC		r Address: CROSSING BL NTON, MA 017	Phone:	
Business Name:			Contractor Name: JONES & FRANK		actor Address: WILBRAHAM	Phone: MA (800) 525-4721	
Less	see/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
Past	Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Re	tail - Cumberland Farms	Retail - Cumb	Retail - Cumberland Farms		\$42.00 \$0.00 CCTION:		\$0.00 5
_	posed Project Description:						
	d 1' x 6' panel to the existing der #2013-01342)	- 1		TIEG DIGEDICE			
under #2013-01342)				Action: Approved Approved Approved Approved Approved Approved			
						ved Approv	ved w/Conditions Denied
				Si	ignature:		Date:
Perr bj:	nit Taken By: S		Zoning Approval				
1.	This permit application does	not preclude the	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting a Federal Rules.				☐ Variance		Not in District or Landmar
2.	Building permits do not incl septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	onal Use	Requires Review
	False information may inval permit and stop all work	Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions
		Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:
I ha juri: shal	we been authorized by the ow sdiction. In addition, if a perr	ner to make this appl nit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	y the owner of record and that all applicable laws of this cial's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARGE	OF WORK, TITLE				DATE	PHONE