City of Portland,			O			Permit No:	Issue Date:		163 B003001	
389 Congress Stree	-			, Fax: (207) 874-8		2012-46808				
Location of Construction: 801 WASHINGTON AVE			Owner Name: V S H REALTY INC			Owner Address: 100 CROSSING BLVD #9003 CANTON, MA 01702			Phone: (508) 270-4436	
Business Name:			Contractor Name:			actor Address:	Phone			
Cumberland Farms			Cumberland F. TOGONOWS	KI@CUMBERLA	100 Crossing Blvd Framingham Ma 01702				(508) 270-4436	
Lessee/Buyer's Name			Phone:		Permit Type:				Zone:	
Past Use:			(508) 270-443 Proposed Use:	6		ditions - Comme it Fee:	ions - Commercial Fee: Cost of Work:		B2 CEO District:	
Gas Dispensing and retail			-	spensing and retail	Termit Fee.		\$614,000.00		5	
					INSPECTION:					
Proposed Project Descrip		C.		1						
Renovate the existihng 2400 sq ft convenience st 1480 sq ft addition to the store				and construct a	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					Action: Approved Approved w/Conditions Denied					
Downit Tokon Dru				Г				Da	te:	
Permit Taken By: Date Applied For: 08/07/2012				Zoning Approval						
This permit application does not preclude the				Special Zone or Reviews		Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applic Federal Rules.				Shoreland		☐ Variano	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.				Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work within six (6) months of the date of False information may invalidate permit and stop all work			of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review	
			a building			Interpre			Approved	
		Site Plan	Plan		Approved w/Conditions					
				Maj 🔲 Minor 🦳 I	ММ [IM Denied		Denied		
				Date:		Date:		Date:		
I hereby certify that I I have been authorize jurisdiction. In addit shall have the authori	d by the o	owner to ermit for	make this appl work describe	ication as his authord 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 offici	all applial's aut	licable laws of this horized representativ	
such permit.			·	-			•			
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE