	y of Portland, Mair		O			2013-01522	Issue Date:		189 A014001	
	Congress Street, 0410)1 Tel: (2		, Fax: (207) 874-8						
Location of Construction: 1230 CONGRESS ST			Owner Name: OLYMPIA EQUITY INVESTORS I LP			Owner Address: PO BOX 508 PORTLAND, ME 04112			Phone:	
Business Name:			Contractor Name:			Contractor Address:			Phone	
Clarion			PCS Construction pheelan@maine.rr.com			128 Burnham Road Scarborough ME 04105			(207) 415-2107	
Less	ee/Buyer's Name		Phone:			Permit Type:			Zone:	
US	Cellular					Radio/Telecommunications Equipment			B2 RP	
	Use:		Proposed Use:				Cost of Work:		CEO District:	
Hotel			Same: Hotel		\$60.00 \$4,000.00 6 INSPECTION:					
Pror	oosed Project Description:									
_	d 52" x 28" Cabinet and	associated	d equipment to	existing US						
Cellular platform				empung 02	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
						ved Approve	roved w/Conditions Denied			
				Signature:				Date:		
Pern bjs	nit Taken By: S	07/17				Zoning Approval				
1.	This permit application does not p		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applic Federal Rules.				Shoreland		☐ Varianc	☐ Variance		Not in District or Landmar	
2.	septic or electrical work.			is not started		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not sta within six (6) months of the date of issuand False information may invalidate a building permit and stop all work			of issuance.			Condition	onal Use	☐ Requires Review ☐ Approved ☐ Approved w/Conditions		
			a building			Interpre	tation			
						Approv	ed			
				Maj Minor MM		Denied		Denied		
				Date:		Date:	Date:		Date:	
I ha juris shal	reby certify that I am the ve been authorized by th sdiction. In addition, if a I have the authority to er	e owner to permit fo	make this appl r work describe	ication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all appl al's aut	icable laws of this horized representative	
sucł	n permit.									
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE