City of Portland, M	Iaine - Bui	lding or Use	Permi	t Applicatio	n Pe	rmit No:	Issue Date	:	CBL:		
389 Congress Street,		_				06-0437			201 AC)05001	
Location of Construction:		Owner Name:			Owner Address:				Phone:		
1 THOMPSONS POINT		THOMPSON'S POINT INC			THOMPSON'S POINT						
Business Name: Lessee/Buyer's Name		Contractor Name:			Contractor Address:				Phone		
		Portland Trails/Jaime Parker			305 Commercial Street Portland				2073296180		
		Phone:			Perm	it Type:	<u>_</u>			Zone:	
					Bui	lding Miscel	laneous			185	
Past Use:		Proposed Use:		<u> </u>	Perm	it Fee:	Cost of Wor		CEO District:		
Pedestrian Access Trail		Pedestrian Acc	ess Trail-			\$66.00 \$5,000.			3		
		Construction of			FIRE	E DEPT:	<u> </u>	Tryang array			
	pedestrian and bicycle use 0 201 A008 & 201 A010					Approved	Use G		Type: 5 8		
			10		Ĺ	Denied		- -	->		
						1 A /1:				A I	
D I D		<u> </u>			_	1///	H	1)	RAV	/\/	
Proposed Project Description			£							y	
bicycle use	Pedestrian Access Trail- Construction of a boardwall				Signature: Signa						
bicycle use			PEDESTRIAN ACTIVITIES DISTRI			ikici ((P.A.D.)				
					Actio	on: Appro	ved Ap	proved w	//Conditions	Denied	
					0:	•			Data		
				Signatu						Date:	
Permit Taken By:				Zoning Approval							
		Special Zone or Re			iews Zoning Appeal			Historic Preservation			
1. This permit application		,									
Applicant(s) from Federal Rules.	cable State and	Shoreland		☐ Variance]	Not in District or Landma				
rederal Rules.											
2. Building permits d	plumbing,	W 🗌	Wetland		Miscellaneous		ļ	Does Not Require Review			
septic or electrical											
3. Building permits a		🗌 FI	Flood Zone		Conditional Use			Requires Review			
within six (6) mon											
False information	e a building	Subdivision		Interpretation			Approved				
permit and stop all	work		,								
			Site Plan CX2M				ed	Approved w/Co		/Conditions	
		3	1004-0211								
		Maj 🔲 Minor 🔲 M		M Denied				Denied			
			Otulcodihai					1BM			
				12/14/06	Date:			Γ	Date:		
				12 14 - 8 -							
			(CERTIFICAT	ION						
I hereby certify that I an	n the owner of	f record of the no				nosad work i	s authorizad	l by the	owner of reco	ord and that	
I have been authorized by											
jurisdiction. In addition											
shall have the authority											
such permit.		-		-			-				
SIGNATURE OF APPLICANT				ADDRE	DATE			PHONE			
GIONATURE OF AFFEICA.	171			ADDKE	33		DATE	,	PHG	NIC	
RESPONSIBLE PERSON IN	N CHARGE OF V	WORK, TITLE					DATE		PHO	ONE	