City of Portland, N	Iaine	- Building or Us	se Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street,	Tel: (207) 874-87	03, Fax: (207) 874-8	8716	2013-02694			201 A005001		
Location of Construction: 1 THOMPSONS POINT (Brick North Builidng)			Owner Name: THOMPSON'S POINT INC		Owner Address: THOMPSON'S POINT PORTLAND, ME 04102			Phone:	
Business Name:		Contractor Na	ime:	Cont	ractor Address:	Phone			
			Portland Builders, Inc. jcushman@portlandbuilders.com		PO Box 4902, 85 York St Portland ME 04101			(207) 879-0118	
Lessee/Buyer's Name		Phone:			it Type:		Zone:		
				Alterations - Commercial				B5	
Past Use:		Proposed Use:		Permit		Fee: Cost of Work: \$15,020.00 \$1,500,000		0.00 CEO District:	
Storage		Storage	Storage		INSPECTION:				
Proposed Project Description	n:	L							
Shell renovation - Bric									
				PEDI	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/C Signature:				nditions Denied te:			
Permit Taken By: Date Applied For:				Zoning Approval					
bjs		Zoming Approval							
This permit application does not preclude the			Special Zone or R	Special Zone or Reviews		Zoning Appeal		Historic Preservation	
		g applicable State an	d Shoreland			☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland	Wetland		Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not within six (6) months of the date of issu False information may invalidate a build permit and stop all work			of issuance.		Conditi	Conditional Use		Requires Review	
					☐ Interpretation		Approved		
			Site Plan		Approv	red		Approved w/Conditions	
		Maj Minor	Maj Minor MM		Denied [Denied		
			Date:		Date:		Date:		
I hereby certify that I ar I have been authorized l jurisdiction. In addition shall have the authority such permit.	by the o	wner to make this a ermit for work descr	pplication as his authoribed in the application	hat the orized a	proposed work agent and I agredued, I certify that	e to conform to t the code offic	all appl	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	