City of Portland, Maine - Bui	O		1011	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (`	, Fax: (207) 874-8		2014-02010		201 A005001	
Location of Construction: 1 THOMPSONS POINT - Brick North - Phase I Owner Name: THOMPSON'S		S POINT INC		er Address: OMPSON'S POINT PORTLAND, 2 04102		Phone: ND,	
Business Name: Contractor Name Portland Build				ctor Address: Box 4902 Portl	and ME 04112	Phone: (207) 879-0118	
Lessee/Buyer's Name Phone:			Permit Type:			Zone:	
			Change of Use - Commercial			B5	
Past Use:	Proposed Use:		Permit	Permit Fee: Cost of Work:		CEO District:	
Brick North - Storage Brick North - Circus conserv		West Wing - \$25.00 States at the state of the state of the states are states as the state of the		25.00 6			
Proposed Project Description: PHASE 1Brick North - Change of	Use from storag	re to Circus					
Conservatory Gymnasium in the wes	1.		TRIAN ACTIVITIES DISTRICT (P.A.D.)				
Permit Taken By: Date Applied For:		1	ē .			Date:	
ldobson 09/03/2014			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work 		Wetland		Miscella	aneous	Does Not Require Review	
		Flood Zone		Condition	Conditional Use Requires I		
		Subdivision		Interpre	tation		
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all around permit.	to make this appl or work describe	lication as his authored in the application	at the p rized ag is issue	gent and I agreeded, I certify that	to conform to the code offic	all applicable laws of this ial's authorized representative	
	ADDRESS						

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE