•	ortland, Maine - F	O			Permit No:	Issue Date:	CBL:	
U	ess Street, 04101 Te		5, Fax: (207) 874-8		2014-02012		201 A005001	
Location of Construction: 1 THOMPSONS POINT (Brick South)			Owner Name: THOMPSON'S POINT INC		er Address: OMPSON'S POI 04102	ND,		
Business Name:			Contractor Name: Portland Builders		ractor Address: . Box 4902 Portl	Phone: (207) 879-0118		
Lessee/Buyer's Name		Phone:	Phone:		it Type: ange of Use - Co	Zone:		
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	
Brick South - Storage - Light Industrial		Brick South -	Brick South - Temporary (expires 11/3/14) - West End of building - gym area for Circus Arts Program		\$334.00 \$20,0		00.00	
		building - gyn			INSPECTION:			
	ject Description: 1 - Temporary change	of use to a gym in	the west end of the					
building wi	thout spectator seating	3 with 2 port-o-lets	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			Action: Approved Appr		ved Approv	ed w/Conditions Denied		
				S	ignature:		Date:	
Permit Taken By: Date Applied For: 09/03/2014				Zoning Approval				
1. This pe	ermit application does	not preclude the	Special Zone or Reviews Shoreland		Zoni	ng Appeal	Historic Preservation	
Applic	ant(s) from meeting ap l Rules.				☐ Varianc	e	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	Does Not Require Review	
within	ng permits are void if v six (6) months of the o	Flood Zone		Conditi	onal Use	Requires Review		
	nformation may invali and stop all work	Subdivision		Interpre	tation	Approved		
		Site Plan		Approv	ed	Approved w/Conditions		
		Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:		
I have been jurisdiction.	authorized by the own In addition, if a perm ne authority to enter al	er to make this appl it for work describe	lication as his authored 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	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE	OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBI	LE PERSON IN CHARGE (OF WORK, TITLE				DATE	PHONE	