City of Portland, Maine - Bu	O			Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	, ,	3, Fax: (207) 874-8	3716	2014-02522		201 A005001	
cation of Construction:  THOMPSONS POINT (Brick THOMPSON' THOMPSON' THOMPSON' THOMPSON')		S POINT INC THOM		er Address: OMPSON'S POI 04102	INT PORTLAN	Phone:	
Business Name:							
Lessee/Buyer's Name	Phone:		Down	it Type:		Zone:	
Lessee/Buyer's Name	r none.	i none.		ange of Use - Co	B5		
Past Use:	Proposed Use:	Proposed Use:		nit Fee:	Cost of Work:	CEO District:	
Warehouse & Circus Conservatory	Pottery Store:	Pottery Store: "Color-Me-Mine"		\$609.00 \$45,000.0		00.00	
		IN		INSPECTION:			
Proposed Project Description:  Change of use from warehouse to r	etail pottery - inst	allation of millwork					
(from other store), interior (non-be-	rical, HVAC, two	HVAC, two PEDESTRIAN ACTIVITIES DIST		TIES DISTRICT	RICT (P.A.D.)		
(2) sinks, and 2 kilns into the existing 1,760 SF space		e - Brick North  Action: Approved  Signature:		Action: Approved Approved w/Conditions Denied			
					Date:		
·	Date Applied For: 10/28/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews  Shoreland  Wetland  Flood Zone		Zoni	ing Appeal	Historic Preservation	
				☐ Variano	ce	Not in District or Landmar	
2. Building permits do not includ septic or electrical work.	Miscell			aneous	Does Not Require Review		
3. Building permits are void if we within six (6) months of the da	Conditi			ional Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	red	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	TIO	N			
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	r to make this app for work describe	amed property, or the 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	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF	F WORK, TITLE				DATE	PHONE	