•	y of Portland, Maine - Bu	O			Permit No: 2013-01931	Issue Date:	CBL:	
	Congress Street, 04101 Tel		5, Fax: (207) 874-8				219 A003001	
Location of Construction: 1707 CONGRESS ST		Owner Name: REMRAF LL	Owner Name: REMRAF LLC		r Address: BOX 3041 POF 14	Phone: (207) 632-3149		
Business Name:		Contractor Name:		Contractor Address:			Phone	
Bay Area Title		TC Hafford tchafford@gm	TC Hafford tchafford@gmail.com		N Berwick Road	4090 (207) 641-8600		
Lesse	ee/Buyer's Name	Phone:			t Type:	Zone:		
Susan Knedler		, ,	(207) 632-3149		rations - Comm	RP		
Past		Proposed Use:	Proposed Use: Professional Offices		Permit Fee: Cost of Work: \$270.00 \$25,		CEO District:	
Professional Offices		1 Toressional C	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		\$270.00 \$25,000.00 6 INSPECTION:			
	osed Project Description:	repair of existing w	valls					
			PEDESTRIAN ACTIVITIES DISTRICT		TIES DISTRICT	(P.A.D.)		
				Action: Approved Appr		ved Approv	oved w/Conditions Denied	
				Si	gnature:		Date:	
Permit Taken By: Date Applied For: bjs 08/27/2013				Zoning Approval				
1.	This permit application does n	ot preclude the	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
	Applicant(s) from meeting app Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landmar	
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review		
3. 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			Flood Zone		Condition	onal Use	Requires Review	
			☐ Subdivision ☐ Site Plan		Interpre	tation	Approved	
					Approv	ed	Approved w/Conditions	
		Maj Minor MM		Denied		Denied		
			Date:		Date:		Date:	
I hav juris shall	reby certify that I am the owner we been authorized by the owne diction. In addition, if a permit I have the authority to enter all permit.	r to make this appl t for work describe	lication as his authored in the application	at the rized a	proposed work gent and I agree ed, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGI	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	
RES	PONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE	