•	of Portland, Maine	Ü					CBL:		
	Congress Street, 04101	. ,	, Fax: (207) 874-8		2014-00848			219 A013001	
	ion of Construction: 5 CONGRESS ST- 1st flo		Owner Name: PORTLAND STROUDWATER ASSOCIATES LLC		Owner Address: TWO BRATTLE SQ CAMBRIDGE, MA 02138			Phone:	
Rege	ess Name: ency Mortgage/Stroudwa ssing	ter Reagan & Cor	Contractor Name: Reagan & Company /Earl ereagan@maine.rr.com		Contractor Address: 106 Merrill Rd. Gray ME 04039			Phone (207) 653-6353	
	e/Buyer's Name	Phone:	Phone:		Permit Type: Change of Use - Commercial			Zone: RP RPZ	
Past U	Jse:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Prof	essional Offices		Same: Professional offices - renovate for mortgage company on 1st floor		\$815.00 \$72,000.00 6 INSPECTION:				
_	sed Project Description:	L		_					
	nge of tenant and office re		_						
serv.	ice room, & new kitchen.	Carpet & paint		А	ection: Appro				
					Signature: D			»: 	
Permi bjs	t Taken By:	Date Applied For: 04/24/2014	Zoning Approval						
1.	This permit application d	oes not preclude the	Special Zone or Reviews Shoreland		Zoni	Zoning Appeal Variance		listoric Preservation	
	Applicant(s) from meetin Federal Rules.				☐ Varianc			Not in District or Landman	
	Building permits do not i septic or electrical work.	nclude plumbing,	is not started Flood Zone of issuance.		Miscella	Miscellaneous		Does Not Require Review	
٥.	Building permits are voice within six (6) months of	the date of issuance.			Condition Condition	☐ Conditional Use ☐ ☐ Interpretation ☐		Requires Review	
	False information may in permit and stop all work.	_			Interpre			Approved	
			Site Plan		Approve	ed		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:	Date:		Date:	
I hav jurisc shall	eby certify that I am the of e been authorized by the liction. In addition, if a phave the authority to ente permit.	owner to make this applermit for work describe	lication as his authored in the application	at the rized a is issu	proposed work a gent and I agree aled, I certify that	to conform to the code offici	all appli al's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE