	y of Portland, Maine	O			Permit No:	Issue Date:	CB		
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	8716	2014-00326		2	54 A007001	
Location of Construction: 185 RAND RD (lot#1)		Owner Name: OLD DOMIN LINE INC	OLD DOMINION FREIGHT		Owner Address: 500 OLD DOMINION WAY THOMASVILLE, NC 27360		Pho	Phone:	
	ness Name: I Dominion Freight Lines	D.F. Chase Inc	Contractor Name: D.F. Chase Inc. sfreeman@dfchase.com		Contractor Address: 3001 Armory Drive, Suite 200 Nash TN 37204			Phone (615) 777-5900	
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: Alterations - Commercial			Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO	CEO District:	
	ick Terminal- Warehouse & ribution		Same: Truck Terminal - Warehouse & Distribution		\$4,270.00 \$425,000.00 PECTION:		00.00	6	
_	oosed Project Description:	d dock space. New fini	shes, etc.						
			PEDESTRI		ESTRIAN ACTIVIT	RIAN ACTIVITIES DISTRICT (P.A.D.)			
						ved Approv	roved w/Conditions Denied		
Pern	nit Taken By:	Date Applied For:		Signature: Zoning Approval			Date:		
bjs 02/18/2014			Zomig i pprovii						
1.	This permit application de Applicant(s) from meetin Federal Rules.		Special Zone or Reviews Shoreland			Zoning Appeal Variance		oric Preservation in District or Landman	
2.	Building permits do not in septic or electrical work.	☐ Wetland		Miscella	Miscellaneous		s Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	Conditional Use		uires Review	
	False information may in permit and stop all work		Subdivision		Interpre	_ Interpretation _		roved	
			Site Plan		Approve	Approved		roved w/Conditions	
			Maj Minor MM		Denied	☐ Denied ☐		ied	
			Date:		Date:	Date:		Date:	
I ha juris shal	reby certify that I am the over been authorized by the obdiction. In addition, if a place the authority to entendermit.	owner to make this appl ermit for work describe	lication as his authord in the application	nat the orized a	proposed work in agent and I agreed aled, I certify that	to conform to the code offic	all applicab	ole laws of this zed representative	
SIG	NATURE OF APPLICANT		ADDRESS			DATE		PHONE	
RES	SPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE		PHONE	