City of Portland, Maine - Buil	O			Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (2	207) 874-8703 Owner Name:	, Fax: (207) 874-8		2014-00728			292 D014001	
Location of Construction: 65 WARREN AVE	PORTLAND	Owner Address: 127 MARGINAL WAY PORTLAND, ME 04101		ND,	Phone:			
Business Name: EVOLUTION ROCK & FITNESS, LLC	Contractor Name: Flynn Construction peter@flynnconstructioncorp.co		Contractor Address: 17 Old Nashua Road Amherst NH 03031			Phone (603) 882-8177		
Lessee/Buyer's Name	Phone:		Permit Type:				Zone:	
Hilary Harris	(603) 499-1239		New Commercial Structure				B4 R3 R5	
Past Use:	Proposed Use:				Cost of Work:	CEO District:		
		e for indoor rock itness facility		\$14,045.00 \$1,395,000.00 8 INSPECTION:				
Proposed Project Description:			1					
New 1080 sq ft steel building with me	ezzanine 2,800 s	sq ft and parking lot						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
		Action: Approved Approved w/Co				nditions Denied		
Permit Taken By: Date Ap		Zoning Approval						
bjs 04/14	Zomig Approvai							
1. This permit application does not	preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting application Federal Rules.	able State and	Shoreland		☐ Variance		Not in District or Landmark		
2. Building permits do not include p septic or electrical work.	☐ Wetland		Miscella	aneous		Does Not Require Review		
3. Building permits are void if work within six (6) months of the date	of issuance.	Flood Zone		Condition	nditional Use		Requires Review	
False information may invalidate permit and stop all work	a building	Subdivision Site Plan		Interpre	☐ Interpretation		Approved	
				Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to a t the code officia	all appl al's autl	licable laws of this horized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE