City of Portland, Maine - Bu	ilding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel:	(207) 874-8703	8, Fax: (207) 874-8	716	2014-02428		306 B006304	
Location of Construction: Owner Name:		Owner A		er Address:	-	Phone:	
585 RIVERSIDE ST/ 65 CARPENTER UNION NO 1				BISHOP ST PO 03	RTLAND, ME	(207) 252-4800	
Business Name:							
Lessee/Buyer's Name	Phone:	Phone: Proposed Use:		it Type:	Zone:		
Past Use:	Proposed User			erations - Comm	Cost of Work:	CEO District:	
Warehouse w/Office - "Rainmaker	_	Change of use from warehouse &				00.00 8	
Business Park Condo" (Unit 304)	offices to just plans - "Rainn	offices to just offices as per plans - "Rainmaker Business Park Condo" (Unit 304)		INSPECTION:			
Proposed Project Description: Alterations, which include a change	of use with inter	ior office					
renovations		PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved Approved Signature:		TIES DISTRICT	(P.A.D.)		
				ved Approv	ed w/Conditions Denied		
					Date:		
*			Zoning Approval				
This permit application does not preclude the		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable Stat Federal Rules.		☐ Shoreland ☐ Wetland		☐ Variano	ee	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	Flood Zone		Conditi	onal Use	Requires Review		
False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
		CERTIFICA	TIO	AT.			
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 offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	