Location of Construction: Owner:			Phone:	Permit No: 9 9 0 24 6
36 Waldron Way	Atlantic S ₁	portswear		
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	PERMIT ISSUED
Contractor Name:	Address:	Pho	ne:	Fermi Issued:
Patco Construction	475 Main St Sanford, ME 04073 432-3102/324-5574			and 3 3 1000
Past Use:	Proposed Use: COST OF		RK: PERMIT FEE:	
		\$ 150,000	.00 \$ 770.00	
Commercial	Same	FIRE DEPT.	Approved INSPECTION:	CITY OF PORTLAND
00.mm.010201	bame	l l	Denied Use Group: 5/ Type	シ
		,	DOC+96 -100	Zone: CBL:
			Signature: Helf	311-A-013
Proposed Project Description:	$\cdot \phi$	PEDESTRIAN	ACTAVITIES DISTRICT (4) (4.D	Zoning Approval:
	(70 x 70) 4900 P	Action:	Approved	Special Zone or Reviews:
Construct Warehouse addition	(70×70)	\star	Approved with Conditions:	□ □ Shoreland
	63157	~	Denied	□ □ Wetland 「
	EXIST	1	_	□ Flood Zone Z
		Signature:	Date:	Subdivision
Permit Taken By:	Date Applied For:	19 March 199	۵۵	Site Plan maj □(ninor) nm □
		17 Halen 19		Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				□ Miscellaneous
• • • • • • • • • • • • • • • • • • • •		-fissues False informa		☐ Conditional Use
3. Building permits are void if work is not startion may invalidate a building permit and		of issuance. Faise informa	- _	☐ Interpretation☐ Approved
tion may invalidate a building permit and	stop all work		PERMIT ISSUED	□Denied
			WITH RECUIPEMENT	
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation
				☐Not in District or Landmark ☐Does Not Require Review
				☐ Requires Review
				Erroquires review
				Action:
	CERTIFICATION			□ Approved
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been				been ☐ Approved with Conditions
authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition,				_
if a permit for work described in the application				, ,
areas covered by such permit at any reasonable				Date:
	F	(-) - F F	F	
CICNIATUDE OF A DDI ICANIT	ADDRESS.	19 March 1999	DITONE.	
SIGNATURE OF APPLICANT	ADDRESS:	DATE:	PHONE:	
				l !
RESPONSIBLE PERSON IN CHARGE OF WO	DRK, TITLE		PHONE:	CEO DISTRICT
	DRK, TITLE -Permit Desk Green-Assessor's	Canany_D PW Dink D		