City of Portland, Maine - Build	U			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2		, Fax: (207) 874-8		2013-01560		315 A001001
Location of Construction:  659 WARREN AVE  Owner Name: 215 Foreside I				er Address: Foreside Road Falmouth, ME 04106		<b>Phone:</b> 94106
Business Name: Habitat for Humanity	Contractor Name: Habitat for Humanity		Contractor Address: P.O. Box 10505 Portland ME 04101			Phone (207) 772-2151
Lessee/Buyer's Name Chad Mullin, chad@habitatme.org	Phone: (207) 233-7820		Permit Type: Alterations - Commercial			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Retail & office - Rug Depot  Retail & office		2		\$370.00 ECTION:	\$35,00	
Proposed Project Description:	l					
Renovate office and retail space. Add	n to retail space -	ace -				
office & Resotre for Habitat for Huma		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					ed w/Conditions Denied  Date:	
ermit Taken By: Date Applied For:						
bjs 07/19		Zoning Approval				
This permit application does not preclude the		Special Zone or Reviews		Zoniı	ng Appeal	Historic Preservation
Applicant(s) from meeting applic Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landman
2. Building permits do not include presentic or electrical work.	☐ Wetland		Miscella	nneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Flood Zone		Condition	onal Use	Requires Review
		Subdivision  Site Plan		Interpretation		Approved
	Approve			ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	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	ication as his autho d in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to a	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE