Location of Construction:   ROWAY JAMES A   South State   Phone:   RODWAY JAMES A   RODWAY JAMES	CBL:	
RODWAY JAMES A   SPAUBURN ST E 1154	327 B006001	
Date   Proposed Project Description:   Change of Use - Office to Retail   Proposed Project Description:   Change of Use - Office to Retail   Proposed Project Description:   Change of Use - Office to Retail   Proposed Project Description:   Signature:   Proposed Project Description:   Date:   Proposed Description	Phone:	
Lessee/Buyer's Name   Jane McGrady   207-892-5684   Permit Type:   Change of Use - Commercial		
Jane McGrady   207-892-5684   Change of Use - Commercial     Past Use: Office   S105.00   S105.00   S     FIRE DEPT:	Phone	
Past Use: Office	Zone:	
Commercial/Office    Continue		
Retail   FIRE DEPT:   Approved   INSPECTION:   Use Group:	CEO District:	
Proposed Project Description:   Change of Use - Office to Retail		
Proposed Project Description: Change of Use - Office to Retail    Signature:   PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)     Action   Approved   Approved w/Condition     Signature:   Date:		
Change of Use - Office to Retail    Signature:   Signature:     PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)     Action   Approved   Approved w/Condition     Signature:   Date:     Permit Taken By:   Idobson   Date Applied For:   10/17/2005     This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.   Shoreland   Variance   Not in I     Shoreland   Wetland   Miscellaneous   Does Not within six (6) months of the date of issuance.   False information may invalidate a building permit and stop all work.   Site Plan   Approved   Approved   Approved   Denied     Maj   Mino   MM   Denied   Denied   Denied     Denied   Denied   Denied   Denied   Denied     Signature:   PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)     Action   Approved	1,50	
Change of Use - Office to Retail    Signature:   Signature:     PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)     Action   Approved   Approved w/Condition     Signature:   Date:     Permit Taken By:   Idobson   Date Applied For:   10/17/2005     This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.   Shoreland   Variance   Not in I     Shoreland   Wetland   Miscellaneous   Does Not within six (6) months of the date of issuance.   False information may invalidate a building permit and stop all work.   Site Plan   Approved   Approved   Approved   Denied     Maj   Mino   MM   Denied   Denied   Denied     Denied   Denied   Denied   Denied   Denied     Signature:   PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)     Action   Approved		
Permit Taken By:   Date Applied For:   10/17/2005		
Signature:   Date:	_	
Date Applied For: 10/17/2005   Zoning Approval	ed w/Condition Denied	
Idobson	Date:	
Applicant(s) from meeting applicable State and Federal Rules.    Shoreland   Variance   Not in Image: Shoreland   Shoreland   Shoreland   Not in Image: Shoreland   Not in Ima		
Applicant(s) from meeting applicable State and Federal Rules.  2. Building permits do not include plumbing, septic or electrical work.  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    Site Plan	Historic Preservation	
septic or electrical work.  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    Site Plan	☐ Not in District or Landn	
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    Site Plan	☐ Does Not Require Revie	
permit and stop all work  Site Plan  Maj Mino MM Denied  Denied	Requires Review	
Maj Mino MM Denied Denied	Approved	
	Approved w/Condition	
Date: Date: Date:	Denied	
	Date:	
CERTIFICATION  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 re I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable la jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized re shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(sto such permit).	applicable laws of this authorized representative	
SIGNATURE OF APPLICAN ADDRESS DATE	РНО	

Location of Construction: 1832 FOREST AVE	Owner Name: RODWAY JAMES A		Owner Address: 89 AUBURN ST E 1154		Phone:	
Business Name:	Contractor Name:		Contractor Address:		Phone	
Lessee/Buyer's Name	Phone:		Permit Type:	. 1		Zone:
Jane McGrady	207-892-5684		Change of Use - Comm	ercial		
Dept: Zoning Status: A	Approved with Conditions	Reviewer:	Marge Schmuckal	Approval Dat	e: 10/2	27/2005
Separate permits shall be required	l for any new signage.					
2) This permit is being approved on work.	the basis of plans submitt	ed. Any devi	ations shall require a sep	arate approval b	efore startir	ng that
Dept: Building Status: A	Approved with Conditions	Reviewer:	Mike Nugent	Approval Dat	te: 11/	07/2005
Note:					Ok to Issue	e: 🗸
1) This is a Change of Use ONLY po	ermit. It does NOT authori	ze any constru	ction activities.			
Dept: Fire Status: A	Approved	Reviewer:	Jay Kelley	Approval Dat	te: 10/2	28/2005
Note:					Ok to Issue	e: 🗸
1) Maintain all life safety standards	NFPA 72 NFPA13					

## **CERTIFICATION**

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 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 is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
DECDONGIDI E DEDCON IN CHARCE OF WORK TIT		DATE	DIIO