City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8				2013-01760		327A A001001
Location of Construction: Owner Name:			Owner Address: Phone:			
1 INDUSTRIAL WAY (Units 1 & AIM ONE IN LLC		DUSTRIAL WAY	531 E CHAPMAN AVE ORANGE, CA 92866		,	
Business Name: Contractor Name		Contr		actor Address:		Phone
BISSELL BROTHERS BREWING, LLC						
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:
Peter Bissell, peter@peterjensenbiss	(207) 423-362	2	Change of Use - Commercial		mmercial	IM
Past Use: Proposed Use:		Permit F		it Fee:	Cost of Work:	CEO District:
Brewery - Vacant Space Brewery				\$105.00	\$1,000	0.00
			INSPI	ECTION:		
Proposed Project Description:	<u>.</u>		1			
Removing a section of drywall to ope	ty to connect units					
1 & 3. Establish both units 1 & 3 as a		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/Co			_	
	1	Signature:			Date:	
ermit Taken By: Date Applied For: 08/08/2013			Zoning Approval			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include properties 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	onal Use	Requires Review
False information may invalidate permit and stop all work	a building	☐ Subdivision		Interpre	tation	Approved
	Site Plan		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 for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authored in the application	at the rized a is issu	proposed work gent and I agreeded, I certify that	to conform to a the code officia	ll applicable laws of this il's authorized representative
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE