City of Portland, Maine - Building or Use Permit Applica					Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	4101 Tel: (5, Fax: (207) 874-8		2014-00685			331 A001004	
Location of Construction: 1045 RIVERSIDE ST - unit #4		Owner Name: BPI REALTY LLC		Owner Address: 1045 RIVERSIDE ST PORTLAND , ME 04103			Phone:		
Business Name: Bio Rad Labs		Contractor Name:		Contractor Address: ME			Phone		
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
Gary Goodrich		(207) 615-0571		Change of Use - Commercial Permit Fee: Cost of Work:				IM	
Past Use: Bio-processing & office	ie.	Proposed Use:	ocessing & offices	Perm	Fee: Cost of Work: \$195.00 \$10,000		00 00	CEO District: 0.00 8	
1				INSPECTION:					
Proposed Project Description	1:	1		1					
Portion off a small secio	ke office space -								
called unit #4				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			Action: Approved Approved w/C Signature:				ed w/Con Da		
Permit Taken By: Date Applied For:				Zoning Approval					
bjs 04/08/2014			Zomig Approva						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from r Federal Rules.	neeting applic	cable State and	Shoreland		☐ Varianc	☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous [Does Not Require Review	
3. Building permits ar within six (6) mont	of issuance.	Flood Zone		Condition	Conditional Use		Requires Review		
False information n permit and stop all		a building	Subdivision		Interpre	☐ Interpretation [Approved	
			Site Plan		Approve	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner t if a permit fo	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work a gent and I agree aled, I certify that	e to conform to t the code offici	all appl ial's aut	icable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE