

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 2013-01593	Issue Date: 09/10/2013	CBL: 334 A014001
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Location of Construction: 56 MILLIKEN ST	Owner Name: MILLIKEN PORTLAND PARTNERS LLC	Owner Address: 40 SOUTH ST STE 305 MARBLEHEAD, MA 01945	Phone:
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Business Name: Paradigm Windows

Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Commercial	Zone: IM
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Past Use: Light Industrial uses: Food production (Pierre Foods) & Paradigm Windows manufacturing	Proposed Use: Same: Light Industrial Uses - food production & window manufacturing	Permit Fee: \$6,020.00	Cost of Work: \$600,000.00	CEO District: 8
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INSPECTION:
Use Group: F-2 **Type:** 2B
 Industrial - Paradigm Windows/Advance Pierre Foods
 ENTIRE
 MUBEC/IBC 2009

Proposed Project Description:
 Tenant Separation Wall, Window Wash Room, Loading/Unloading Facilities, Reconfigure Offices, new bathroom for Paradigm Windows

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
 Action: Approved Approved w/Conditions Denied
 Signature: _____ Date: _____

Permit Taken By: bjs	Date Applied For: 07/24/2013	Zoning Approval	
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1. This permit application does not preclude the 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..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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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 APPLICANT	ADDRESS	DATE	PHONE
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RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE	DATE	PHONE
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