

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING DEPARTMENT

PERMIT

Please Read Application And Notes, If Any, Attached

PERMIT ISSUED
NOV 09 2004
CITY OF PORTLAND

Permit Number: 041640

This is to certify that C & S Logistics Of Portland
has permission to Interior demo pursuant to Plan D101 as submitted
AT 56 Milliken St 334 A014001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must be given and written permission procured before this building or part thereof is laid or closed-in.
HEAR NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. _____
Health Dept. _____
Appeal Board _____
Other _____
Department Name _____

11/2/04
[Signature]
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine - Building or Use Permit Application

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

Permit No: 04-1640	Issue Date: 11/02/2004 <i>NOV 09 2004</i>	CBL: 334 A014001
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Location of Construction: 56 Milliken St	Owner Name: C & S Logistics Of Portland Llc	Owner Address: Old Ferry Rd	Phone:
Business Name:	Contractor Name:	Contractor Address: CITY OF PORTLAND	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Interior Demo ONLY	Zone:

Past Use: Warehouse/ Offices	Proposed Use: No change	Permit Fee:	Cost of Work:	CEO District:
Proposed Project Description: Interior demo pursuant to Plan AD101 as submitted		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: Type: <i>NON STRUCTURAL</i> <i>11/2/04 DEMO ONLY</i>	
		Signature	Signature <i>[Signature]</i>	
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied		
		Signature:	Date:	

Permit Taken By: mjn	Date Applied For: 11/02/2004	Zoning Approval		
<ol style="list-style-type: none"> This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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"/> late:	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 late:	Historic Preservation <input type="checkbox"/> Not in District or Landmar <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Con ditions <input type="checkbox"/> Denied late:

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
RESPONSIBLE PERSON INCHARGE OF WORK, TITLE		DATE	PHONE