

PENALTY FOR REMOVING THI

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1			Permi	t No:	Issue Dates	CBL	:	
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Location of Construction:	Owner Name:		Owner A	ddress:		Phon	e:	
56 Milliken St	C & S Logistic	C & S Logistics Of Portland Llc		Old Ferry Rd				
Business Name:		Contractor Name:		Contractor Address: CITY OF PORT		Phone		
				L. CANDIDAN THE CANADA AND COLOR				
Lessee/Buyer's Name	Phone:		Permit Type: Zone:					
			Interio					
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO Dist	rict:	
Warehouse/Offices No cha		e DEMO ONLY		\$0.00				
				[-] Apploved			PECTION:	
					Denied Use	Group: DE	Туре М	
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			BEOFES.		ES.	uppart 1		
Proposed Project Description:	1 DD 1	, ,			THE T			
Interior demo pursuant to Plan AD1.1 throughAD1.3		and RD I as submitted	mitted Signature PEDESTRIAN ACTIVITIES DIST		Ũ	ignature (lu)		
			PEDESTRIAN ACTIVITIES DISTRIC		I ( <b>I</b> .A.D.)			
			Action: Approved Approved w/Conditions Denied				5 Denied	
			Signature:		Date:			
Permit Taken By:	Date Applied For:		Zoning Approval					
mjn	1110212004							
		Special Zone or Revi	ews	s Zoning Appeal		Historic Preservation		
		Shoreland		Variance		Not in District or Landmark		
		Wetland	Miscellaneous		Does Not Require Review			
		Flood Zone		Conditional Use		Requires Review		
		Subdivision	Interpretation		Approved			
		Site Plan	Approved		Approved w/Con ions			
		Maj 🗌 Minor 🗖 MM	Denied		Denied			
		late:	late: 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 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 IN CHARGE OF WORK, TITLE	DATE	PHONE	