

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Please Read Application And Notes, If Any, Attached

Permit Number: 041640

NOV 22 2004

DEM O ONLY

EXPIRES 11/22/04

This is to certify that C & S Logistics Of Portland
 has permission to Interior demo pursuant to PL 1.1 and RD 334 A014001 submitted
 AT 56 Milliken St

provided that the person or persons performing or supervising the work accepting this permit shall comply with all of the provisions of the Statutes of the State of Oregon 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 when permission is granted before this building or part thereof is occupied or otherwise closed-in. YOUR 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 _____

[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	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 DEMO ONLY	Permit Fee:	Cost of Work: \$0.00	CEO District: 5
Proposed Project Description: Interior demo pursuant to Plan AD1.1 through AD1.3 and RD1 as submitted		FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied SEE NOTES.	INSPECTION: Use Group: DEMO Type: Only 11/27/04 Signature: [Signature]	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) 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"/> Date: <i>N/A</i>	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:

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