City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716						rmit No: 06-0429	Issue Dat	e:	CBL: 370A A	003001	
Location of Construction: Owner Name:				207) 874-8716	Owner Address:			<u>L</u>			
			DE ASSOCIATES		PO BOX 382		Phone:				
Bus	iness Name:		Contractor Name:		Contractor Address:				Phone		
•			ardyPond Construction		1039 Riverside St Suite 11 Portland			rtland	d 2077976066		
Lessee/Buyer's Name Phone:					Permit Type: Alterations - Commercial					Zone:	
Past Use: Proposed Us					Permit Fee: Cost of Wo						
Co	mmercial/BioTech			oTech- Tenant fit-up		\$156.00		00.00			
		w/ additional	w/ additional office spa		FIRE	DEPT:	Approved		CTION:	T.	
							Denied	Use G	roup:	Type	
Proj	posed Project Description:										
	nant fit-up w/ additional off	ïce space			Signature:		Signature:				
					PEDESTRIAN ACTIVITIES DIST			RICT (P.A.D.)			
					Action Approved Approve			proved w	ed w/Condition Denied		
					Signa	ture:			Date:		
	mit Taken By: obson	Date Applied For: 03/31/2006	Zoning Approval				1				
1.	This permit application de	oes not preclude the	Spec	Special Zone or Reviews		vs Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.		☐ Si	Shoreland		☐ Variance			☐ Not in District or Landr		
2.	Building permits do not in septic or electrical work.	clude plumbing,	lumbing,		☐ Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.		☐ Flood Zon			Conditional Us			Requires Review		
	False information may invalidate a building permit and stop all work			abdivision	☐ Interpretatio			Approved			
			Si	te Plan	☐ Approved ☐ Denied			☐ Approved w/Condition ☐ Denied			
			Maj	Mino MM							
			Date:	Date:		Date:			Date:		
I ha juris shal	reby certify that I am the over the context of the	owner to make this applermit for work describe	amed prolication and in the	as his authorized application is is:	ne prop d agen sued, I	t and I agree to certify that the	to conform to code office	to all ap cial's au	oplicable laws othorized repre	of this esentative	
SIG	NATURE OF APPLICAN			ADDRES	S		DATE	<u> </u>	I	РНО	

Location of Construction:	Owner Name:	Owner Name:		Owner Address:		
500 RIVERSIDE IND PKWY	500 RIVERSIDE ASSOCIA	ATES	PO BOX 382			
Business Name:	Contractor Name:	(Contractor Address:		Phone	
	HardyPond Construction		1039 Riverside St Suit	e 11 Portland	207797606	6
Lessee/Buyer's Name	Phone:	I	Permit Type:		Zone:	
			Alterations - Commer	cial		
Dept: Zoning St	atus: Approved with Conditions	Reviewer:	Ann Machado	Approval Dat	te: 04/	13/2006
Note:					Ok to Issue	e: 🗸
1) This permit is being appropriately work.	oved on the basis of plans submitte	d. Any devia	tions shall require a se	parate approval b	efore startii	ng that
Dept: Building St	atus: Approved	Reviewer:	Cptn Greg Cass	Approval Dat	te: 04/	25/2006
Note:					Ok to Issue	e: V
Dept: Fire St	atus: Approved with Conditions	Reviewer:	Cptn Greg Cass	Approval Dat	te: 04/	20/2006
Note:	11		1 8	11	Ok to Issue	e: 🔽
1) All construction shall com	ply with NFPA 101					

2) The sprinkler and fire alarm systems shall be reviewed for compliance.

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО