City of	f Portland, Maine	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Co	ngress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2014-01164		374 A030001	
Location of Construction: 194 AUBURN ST		Owner Name: BROWN C N	Owner Name: BROWN C N COMPANY		Owner Address: PO BOX 200 SOUTH PARIS, N 04281		Phone: (207) 743-9212	
					81			
Business	Name:							
Lessee/Buyer's Name		Phone:	Phone:		it Type:	Zone:		
Past Use:		Proposed Use:	Proposed Use		ange of Use - Co	Cost of Work:	R3 CEO District:	
	ion with no retail sales.		Heating oil office & minor auto		\$975.00 \$88,0			
		service station	service station with no automobile repair		INSPECTION:			
•	Project Description: sion of existing fuel dis	pensing facility to hea	ting oil office and					
	pensing.	, 8	6 mid	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				Action: Approved Approved w/C			ed w/Conditions Denied	
				Signature:			Date:	
Permit Taken By: Date Applied For: bjs 05/29/2014				Zoning Approval				
1. Th	is permit application do	es not preclude the	Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
Ap	plicant(s) from meeting deral Rules.				Variano	ee	Not in District or Landmar	
	ilding permits do not in otic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review		
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			Flood Zone		Conditi	onal Use	Requires Review	
			☐ Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	red	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
			CERTIFICA	TIOI	V			
I have b jurisdict	een authorized by the o ion. In addition, if a pe we the authority to enter	wner to make this appl ermit for work describe	amed property, or the lication as his authored in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RESPON	SIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	PHONE	