Cit	y of Portland, Maine - Bu	uilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CI	BL:	
389	Congress Street, 04101 Tel	: (207) 874-8703	Fax: (207) 874-8	3716	2014-02333			375 C018001	
Loca	ation of Construction:	Owner		er Address:	Address:		one:		
39 AUBURN ST		BANK OF AN	BANK OF AMERICA		101 N TRYON ST CHARLOTTE, NE 28255				
Busi	ness Name:	Contractor Name	Contractor Name:		Contractor Address:			one:	
		Gordon Webe	Gordon Weber		14 West Street Douglas MA 01516			508) 476-1500	
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: Additions - Commercial			one:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Ba	nk with drive thru	_	Bank with Drive thru				00.00		
Proj	oosed Project Description:				ECTION:				
ΑĽ	A ramp and teller station upgra								
			PEDESTRIAN ACTIVITIES DISTRIC		TIES DISTRICT	Γ (P.A.D.)			
				Action: Approved Appr		ved Approv	oved w/Conditions Denied		
			Signature:			Date:			
Permit Taken By: Date Applied For: 10/06/2014				Zoning Approval					
1.	This permit application does n	ot preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		toric Preservation	
	Applicant(s) from meeting applicable Sta Federal Rules.		☐ Shoreland ☐ Wetland		☐ Varianc	☐ Variance		t in District or Landmar	
2.	Building permits do not include septic or electrical work.	Miscell			scellaneous		es Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	onal Use	Rec	quires Review	
	False information may invalid permit and stop all work	Subdivision		Interpre	☐ Interpretation ☐		proved		
		Site Plan		Approv	Approved		proved w/Conditions		
		Maj Minor MM		Denied	☐ Denied ☐		nied		
		Date:		Date:	Date: Da				
I ha juris shal	reby certify that I am the owner ve been authorized by the owne sdiction. In addition, if a permit I have the authority to enter all an permit.	r to make this apple for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all applica ial's author	ble laws of this ized representative	
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE		PHONE	
RES	SPONSIBLE PERSON IN CHARGE OI	F WORK, TITLE				DATE		PHONE	