City of Portland, Maine - Building or Use Permit Application											
	Congress Street, 0410	1 Tel: (2		, Fax: (207) 874-8		2013-01757			401 A005081		
Location of Construction: 81 NORTHPORT DR			Owner Name: WGME INC			Owner Address: 81 NORTHPORT DR PORTLAND, ME 04103			Phone:		
Business Name:			Contractor Name: Peachey Builders gary@peacheybuilders.com			ractor Address: Box 2508 Augu	Phone (207) 622-7531				
Less	see/Buyer's Name		Phone:		Permit Type: Alterations - Commercial			Zone: B2 R3			
Past	Use:		Proposed Use:		Permit Fee:		Cost of Work:		CEO District:		
Offices and Communications Tower			Same: Offices and Communications Tower		INSP	\$470.00 \$45,000 INSPECTION:		00.00	5		
_	posed Project Description:				_						
Raise the elevation of 3 overhead doors from 10' to 1. NW side of the building. Permit Taken By: Date Applied For:				PEDESTRIAN ACTIVITIES DIST							
							Date:				
Peri bj	nit Taken By: S	_	%/2013			Zoning Approval					
1.	This permit application does not p		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
Applicant(s) from meeting application Federal Rules.			cable State and	Shoreland		☐ Variano	ariance		Not in District or Landmar		
2.	septic or electrical work.			Wetland		Miscell	aneous		Does Not Require Review		
3. Building permits are void if work is not so within six (6) months of the date of issuar False information may invalidate a building permit and stop all work			of issuance.	ce.		Conditi	onal Use	☐ Requires Review ☐ Approved			
			a building			Interpre	etation				
						Approv	d Approved w/Co		Approved w/Conditions		
				Maj Minor MM Date:		Denied	Denied		Denied		
						Date:	Date:		Date:		
I ha juri	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to en	e owner to permit fo	o make this appl or 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 appl cial's aut	licable laws of this horized representative		
	h permit.	mi uit	covered by s	positive at any 10			The provisi		- 1000(o) approuote to		
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE