City of Portland, Maine - Bui	_			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (	· · ·	, Fax: (207) 874-8		2013-01549		401 A005081
Location of Construction:  81 NORTHPORT DR  WGME IN			Owner Address: 81 NORTHPORT DR PORTLAND, ME 04103		TD ,	
Business Name:	Contractor Name: Ptld Construction pheelan@maine.rr.com		Contractor Address: 128 Burnham Road Scarborough ME 04105			Phone (207) 415-2107
Lessee/Buyer's Name	Phone:		Permit Type: Radio/Telecommunications Equipmen			Zone:
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
Offices and Communications tower		Same: Offices and Communications tower		\$70.00 ECTION:		
Proposed Project Description:						
add 52" x 28" cabinet and associated as part of the communications tower	isting / x 14 pad	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
•		Action: Approved Approved w/Co			ed w/Conditions Denied	
Permit Taken By: Date A	1	Signature: Date:				
bjs 07/1	Zoning Approval					
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Variano	ee	Not in District or Landmar
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>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</li> </ol>		Wetland		Miscell		Does Not Require Review
		Flood Zone			tional Use Requires Review	
		☐ Subdivision ☐ Site Plan		Interpre	etation	Approved
	Approv			ed	Approved w/Conditions	
	Maj Minor MM		Denied		☐ Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all arouch permit.	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 offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE