City of Portland, Maine	- Building or Use [Permit Applicat	tion Per	mit No:	Issue Date:	CBL:
389 Congress Street, 04101	0			014-00253		444 A003001
Location of Construction:	Owner Name:	Owner Name:		ldress:	Phone:	
6 COMMERCIAL ST	CITY OF POP	CITY OF PORTLAND		NGRESS ST	ME	
Business Name:	Contractor Name	Contractor Name:		or Address:	Phone	
Ready Seafood	PE Williams	PE Williams		adturn Rd S	(207) 233-6955	
Lessee/Buyer's Name	Phone:	Phone:		pe:	Zone:	
John Ready		(207) 939-2698		ons - Comme	EWPZ	
Past Use:	Proposed Use:		Permit Fe		Cost of Work:	CEO District:
Wholesale Lobster	Wholesale/wa	rehousing Lobster	INSPECT	\$270.00	\$25,000	0.00 2
Proposed Project Description: install concrete lobster tank for	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D. Action: Approved Approved w/Co					
		Signature:			Date:	
Permit Taken By:		Zoning Approval				
bjs	02/07/2014					
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonii	ng Appeal e	Historic Preservation
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void within six (6) months of th	Flood Zone		Conditional Use		Requires Review	
False information may inv permit and stop all work	 Subdivision Site Plan 		Interpretation		Approved	
			Approved		Approved w/Conditions	
		Maj 🔄 Minor 🗌 MM 🗌		Denied		Denied
		Date:		Date:		Date:

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE