City of Portland, Maine - Buil	0			2013-02373	Issue Date:	003 L015001	
389 Congress Street, 04101 Tel: (2		, rax: (207) 874-8					
Location of Construction:  59 MOODY ST  Owner Name: C AND B RE.		ALTY LLC		Owner Address: 23 BITTERSWEET LN CUMBERLAND CENTER, ME 0402		Phone: (207) 239-2924 4021	
Business Name:	Contractor Name: Robert Paisley rpaisley@maine.rr.com		Contractor Address: 180 Revere St Portland ME 04103			Phone (207) 749-8350	
Lessee/Buyer's Name	Phone:		Permit Type: Amendment to Two Family			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
2 Family 2 family		y		\$30.00 SPECTION:		\$0.00	
Proposed Project Description:							
Amend #2013-02122, Additoanl work	exterior stairs. PEDESTRIAN ACTIV						
Addition to existing mudroom & relo			ESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied				
	Signature:			Date:			
_	oplied For: 2/2013			Zoning	Approval		
3		Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc		Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	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		Condition	onal Use	al Use Requires Review	
		Subdivision		☐ Interpretation		Approved	
		Site Plan		Approve	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 are such 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 that	e to conform to t the code offici	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE