City of Portland, Maine	O			2014-00377	Issue Date:	012 F018001	
389 Congress Street, 04101		, Fax: (207) 874-8					
Location of Construction: 1 EAST COVE ST	Owner Name: REDFERN M	Owner Name: REDFERN MUNJOY LLC		r Address: BOX 8816 POR	Phone: (207) 221-5746		
Business Name:	SBB Excavation	Contractor Name: SBB Excavation LLC sbbexcavation@gmail.com		ractor Address: Cascade Road ( 54	Phone (207) 299-0140		
Lessee/Buyer's Name	Phone:	Phone:		it Type: nolitions - Build	Zone:		
Past Use:	Proposed Use:	pposed Use:		Permit Fee: Cost of Work:		CEO District:	
Single Family	incorporated in	to be demolished - land to be incorporated into the Munjoy Heights development (29 units in 6 buildings)		\$90.00 \$7,000.00 1 INSPECTION:			
Proposed Project Description:  Demo of existing structure.	<b> </b>						
Demo of existing structure.	PEDESTRIA!		ESTRIAN ACTIVI	IAN ACTIVITIES DISTRICT (P.A.D.)			
				ction: Appro	ved Approve	ed w/Conditions Denied	
Permit Taken By:	Date Applied For:	1	S	ignature:		Date:	
bjs	02/25/2014			Zoning	g 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		Varianc	e	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void within six (6) months of the	Flood Zone		Conditi	onal Use	Requires Review		
False information may invalidate a building permit and stop all work				Interpre	tation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
		Date:		Date:		Date:	
I hereby certify that I am the ow I have been authorized by the o jurisdiction. In addition, if a pe shall have the authority to enter such permit.	wner to make this appl rmit for work describe	lication as his authored in the application	at the ized a is issu	proposed work agent and I agree aed, I certify tha	to conform to a	all applicable laws of this al's authorized representative	
SIGNATURE OF APPLICANT		ADDR	ESS		DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE