City of Portland, Maine	- Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	3, Fax: (207) 874-8	8716	2014-02322		013 J016001
Location of Construction: 100 SHERIDAN ST			Owner Address: 202 WASHINGTON AV PORTLAND, ME 04101			Phone:
Business Name:						
Lessee/Buyer's Name Phone:		Permit T		Type:		Zone:
				nge of Ownersh	•	
Past Use: Residential 2 Unit	Proposed Use:	Proposed Use: one residential condominium		rmit Fee: Cost of Work: \$275.00 \$1,00		CEO District:
Residential 2 Ome	one residentia			INSPECTION:		
Proposed Project Description: Convert 2 unit to one residenti	al condominium - redu	ice side porch &				
add 2nd & 3rd floor decks	F	PEDESTRIAN ACTIVITIES DISTRICT		TIES DISTRICT	[CT (P.A.D.)	
				ved Approv	ved w/Conditions Denied	
					Date:	
Permit Taken By: Date Applied For: 10/03/2014			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		☐ Varianc	e	Not in District or Landmar
2. Building permits do not in septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void within six (6) months of the	Flood Zone		Condition	onal Use	Requires Review	
False information may inv permit and stop all work	Subdivision		Interpre	tation	Approved	
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the ov 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 applermit for work describe	lication as his authord in the application	nat the porized against is issue	proposed work gent and I agreeded, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARG	GE OF WORK, TITLE				DATE	PHONE