•	ine - Building or Use			Permit No:	Issue Date:	CBL:
	101 Tel: (207) 874-8703	, Fax: (207) 874-8	5/16	2014-02374		014 A010001
ocation of Construction: 8 LAFAYETTE ST Owner Name: SUKEFORTH				er Address: LAFAYETTE S' 04101	Г PORTLANI	Phone: (207) 776-8406
Business Name:						I
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Multi Family			Zone:
Past Use:	Proposed Use:	Proposed Use:		erations - Muiti	R6 CEO District:	
Three (3) Family Home		Same: Three (3) Family Home		\$47.00	00.00	
				INSPECTION:		
Proposed Project Description: Alterations, which consis	t of the replacement of wind	lows (pocket) and				
doors (fire).	ions (poeker) and	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Actio		ction: Appro	ion: Approved Approved w/Conditions Denied		
			S	ignature:		Date:
Permit Taken By: dmc		Zoning Approval				
This permit application	Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
Applicant(s) from meeting applicable State Federal Rules.		Shoreland		☐ Variano	ee	Not in District or Landmark
2. Building permits do a septic or electrical we	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are within six (6) months	Flood Zone		Conditi	onal Use	Requires Review	
False information mapermit and stop all w	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	red	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	TION	V		
I have been authorized by jurisdiction. In addition, i	the owner to make this appl f a permit for work describe	amed property, or the lication as his authoral 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 offic	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE