Cit	y of Portland, Ma	ine - Buil	ding or Use l	Permit	Applicatio	n Per	mit No:	Issue Date	:	CBL:		
389	Congress Street, 04	101 Tel: (2	207) 874-8703	5, Fax: (2	207) 874-871	6	02-0264	<u> </u>		016 F0	11001	
Location of Construction:			Owner Name:			Owner Address:				Phone:		
2 Atlantic St			Hamill Sherwood N			2 Atlantic St				207-775-5004		
Business Name:			Contractor Name:			Contractor Address:				Phone		
n/a			S. Hammill Furniture			273 Congress Street Portland						
Lessee/Buyer's Name			Phone:			Permit Type:				<del></del>	Zone:	
n/a			n/a		Alterations - Multi Family							
Past Use:			Proposed Use:		Permit Fee: Cost of Wor			·k:	CEO District:			
Multi Family / 3 Unit			Multi Family / Enclose outdoor1			\$7,50		00.00	).00 1			
			sq. ft sitting area over garage for			FIRE DEPT: Approved IN			INSPE	NSPECTION:		
			year round use.			_ Denied			Use Gr	Use Group: K Type:		
										Ox 28 2600		
				mly of perm		orfelp		Use Group: R 2 Type: 3  BCCH 1449  Signature: 971.22				
Proposed Project Description:					'	, ,				.71.		
Enclose 110 sq. ft. sitting area.						Signature: Signature Signature				gnature: 7/1/27		
						PEDESTRIAN ACTIVITIES DISTRI				ICT (P.A.D.)		
						Action	n: Appr	/Conditions	Denied			
						Signat	tura			Date:		
Descrit Tolor Des			1. 12	Signature:								
Permit Taken By: Date Applied For: 03/26/2002				Zoning Approval								
				Spec	ial Zone or Revi	ews Zoning Appeal				Historic Preservation		
1. This permit application does				^								
Applicant(s) from meeting applical Federal Rules.			able State and		Shoreland		Variance			Not in District or Landmark		
						3, 01°	014			Does Not Require Review		
2. Building permits do not include plumb septic or electrical work.			olumbing,	ing, Wetland			Miscellaneous			Does Not Require Review		
•					Conditional Use			Requires Review				
3. Building permits are void if wor within six (6) months of the date					THOOL ZOILE JAMES		Conditional Osc			Requires Review		
False information may invalidate					odivision	Interr		pretation		Approved		
permit and stop all work			Subdivision			merpretation						
				Site Plan  Maj Minor Maj		Approved		ed		Approved w/	Conditions	
											_	
								i		Denied		
				_	11	7 1						
				Date: Date:			Date:	Date:				
					<del>- 11 ,</del>	7	_		I		/	
					,							
										<u> </u>		
				C	ERTIFICAT	ION						
I he	reby certify that I am tl	ne owner of	record of the na	med pro	perty, or that t	he prop	osed work	is authorized	by the	owner of recor	rd and that	
	ve been authorized by											
	sdiction. In addition, it											
	I have the authority to permit.	emer an are	as covered by st	uch perm	iit at any reaso	nable n	iour to enio	rce the prov	ision oi	the code(s) ap	plicable to	
	- L 2,											
_												
SIGNATURE OF APPLICANT				ADDRES			S DATE			PHONE		
RES	SPONSIBLE PERSON IN C	HARGE OF W	ORK. TITLE					DATE		PHO	NE.	