City of Portland, N		0		* *		D1-1006	–	CBL: 021 D00	05001	
389 Congress Street, 04101 Tel: (207) 874-870: Location of Construction: Owner Name:			, гах.	(201) 874-871	- 4	A dres AOO 27 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	+ #	Phone:		
113 Franklin St Sawyer Jane N			[28 Charwick St			207-772-6579		
Business Name: Contractor Nam					HTYOGH PORT	MANDI	Phone			
		no contractor/s	r/self		n/a n/					
		Phone:		Permit Type: Zone:						
n/a n/a		n/a			Building Miscellaneous				Rt	
Past Use: Proposed Use:				Permit Fee: Cost of Work: CEO District:			7			
l =		1	ee 4 Vertical Supports: ome floorboards		\$30.00 \$1,000.00 1 FIRE DEFT: INSPECTION:					
111 Franklin St Art = 8 ligater damaged from 113 Franklin St. Art = 12 light mits			Old Age.		Approved Use Group: R.			R-2	2 - Type: 53	
113 Franklinst. Art = 12 legal lints		5 -	-Nochangeling		Approved Denied Denied Denied Denied INSPECTION: Use Group: R-2 Use Group: R-2 WITH REPORT OF THE PROPERTY OF THE PROP			MENTS.		
Proposed Project Descript	ion:			<u> </u>			They,		M/1	
Replace 4 Vertical Supports: To Include Some Floorb From Old Age.						Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
-					Action	a: Approved Ap	proved w/Co	nditions	Benied	
					Signature: Date:					
Permit Taken By:	_	oplied For: 5/200 1				Zoning Approv	al			
CIII	00/13	00/13/2001		Special Zone or Rev		iews Zoning Appeal		Historic Preservation		
			Shoreland		Variance			Not in District or Landman		
			☐ Wetland ☐ Flood Zone			Miscellaneous		Does Not Require Review		
						Conditional Use		Requires Review		
				ubdivision	Interpretation			Approved		
				ite Plan		Approved		Approved w/	Conditions	
			Maj Minor MM Date:			Denied		Denied		
								Date:		
			2	3 8/21/0	>/				7	
			-		,	n 'IW	PERMIT I TH REQU	SSUED IREMENT	3	
I have been authorized jurisdiction. In additio	by the owner to n, if a permit fo	o make this appl or work describe	med prication	as his authorized application is is	ne prop l agent ssued,	posed work is authorized and I agree to conform I certify that the code of the proving to enforce the proving the	d by the ow to all appl fficial's aut	ner of recor icable laws horized repr	rd and that of this resentative	
SIGNATURE OF APPLICANT			ADDRESS			DAT	DATE		PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DAT		РНО	NF	

3/28/05 Low