					PERMIT ISSUED					
City of Portland, N 389 Congress Street,		_		· ·	rmit No: 01-1564	Issue Date	• <b>9</b> 2002	<b>CBL:</b> 040	A010001	
Location of Construction:		Owner Name:		Owne	er Address:			Phone		
54 Maple St		Ingraham		237 Oxford SCITY OF PORTLAND-450-4545					50-4545	
Business Name:		Contractor Name:		Contractor Address:				Phone		
n/a		Breggia Construction		46 Congress St Portland				2074504545		
Lessee/Buyer's Name n/a		Phone:		Permit Type: Cy. of Alterations - Multi Family			iteme	Zone:		
Past Use:							de CE	O Distric		
Multi / Charitable home (Group Home)		Proposed Use: Multi / Charitable Home; Adding office space		Approved 1				0 2 SPECTION:		
Proposed Project Descripti		copo for	group home in l	inci		Denied	Be	CA	Type: 1979 MWS	
l	on:		•	Ciana		*44 7	Cianatura	11	Manson	
Adding office space				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
				Actio			proved w/Co		Denied	
			Signature:				Date:			
Permit Taken By:	i i	applied For: 8/2001		Zoning Approval						
	eation does no	preclude the	Special Zone or Revi	Zoni		Historic Preservation				
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>			Shoreland	Variano	<u> </u>	Not in District or Landman				
2. Building permits do not include plumbing, septic or electrical work.			Wetland	Misce!i		Does Not Require Review				
3. Building permits a within six (6) mor	iths of the date	e of issuance.	Flood Zone	Conditional Use		[	[ ] Require: Review			
False information permit and stop al		e a building	Subdivision		[ Interpre		Approved			
			Site Plan		Approv	ed		Approved	d w/Conditions	
			Maj Minor MA		Denied			Denied		
	Date: Date:		bate:		Date:	Date:				
I hereby certify that I and I have been authorized jurisdiction. In additions shall have the authority such permit.	by the owner to a second to the contract of th	o make this appli or work describe	cation as his authorized in the application is i	he pro d agen ssued,	nt and I agree I certify that	to conform the code of	to all appl ficial's auth	icable la norized r	ws of this epresentative	
SIGNATURE OF APPLICANT			ADDRES		DATE			PHONE		
RESPONSIBLE PERSON I	N CHARGE OF	WORK, TITLE				DATE		F	PHONE	