City of Portland, Main		0			Permit No:	Issue Date:		CBL:	
389 Congress Street, 0410	1 Tel: (2	207) 874-8703	, Fax: (207) 874-8	716	2014-02229			044 E001003	
Location of Construction: 225 YORK ST - unit #3		Owner Name: FILIPPONE ANTHONY V & MICHELLE M FILIPPONE JTS		Owner Address: 225 YORK ST # 4 PORTLAND, ME 04102				Phone:	
Business Name:		Contractor Name: Dotens Construction		Contractor Address: 175 South Freeport Road Freeport ME 04032				Phone:	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Multi Family				Zone:	
Past Use:		Proposed Use:			Permit Fee: Cost of Woo		: CEO District:		
Four (4) Residential Condominiums		Same: Four (4 Condominium	*	\$135.00 INSPECTION:		\$10,500.00		3	
Duonaged Duoingt Depositation									
Proposed Project Description: In Unit 3: to Install support	nace								
in Onic 3. to histan support	emimate wan s	imate wan space		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			Action: Approved Approved			ed w/Cone			
D. 477 L. D	ī	Signature: Da				e: 			
Permit Taken By: Date Applied For: 1dobson 09/24/2014				Zoning Approval					
		oreclude the Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation		
1. This permit application Applicant(s) from meet Federal Rules.				☐ Varianc	e		Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are vo within six (6) months of False information may i	of issuance.	☐ Flood Zone ☐ Subdivision		Condition	onal Use	Requires Review			
permit and stop all work	a building			Interpre	tation		Approved		
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en	e owner to permit fo	o make this appl or work describe	lication as his authored in the application	at the ized a	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	all appli ial's auth	icable laws of this norized representative	
such permit.			· · · · · · · · · · · · · · · · · · ·			1		() 11	
SIGNATURE OF APPLICANT			ADDRI			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE