	PERMIT ISSUE								
City of Portland, Main	e - Building or Use	Permit	Application	Permit No:	Issue Date:	ŧ	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703						045 F019013			
Location of Construction: Owner Name:				Owner Address:		Phone:			
113 Brackett St Williamson B				113 Brackett St # 2			207-871-0434		
usiness Name: Contractor Name				Contractor Address:	Contractor Address:		Phone		
n/a	MR Brewer			91 Bell Street Portland			2077977534		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:				Zone:	
				Alterations - Dwellings					
Past Use: Proposed Use:				Permit Fee: Cost of Work: C			O District:	7	
Single Family Dwelling		Family Dwelling		\$204.00 \$30,000.00			3		
(Condominium)	(Condiminium		hroom &	Approved			PECTION:		
	Kitchen Renov	ations		Г		se Group:	Group: T		
						2		^	
				NIA			1	1	
Proposed Project Description:				N '			Nd//	? V/11	
Add Bathroom, Renovate Ki	tchen & Existing Bath				gnature: Clau/ Colabell				
			PEDESTRIAN ACTIVITIES DISTRICT (F			P.A.D.)			
<u> </u>				Action: Approved Approved w/Cond			ditions []	Denied	
							to		
Permit Taken By: Date Applied For:				Signature: Date:					
dgc	07/06/2001				Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews Shoreland		ws Zoni	Zoning Appeal Variance		Historic Preservation Not in District or Landmar		
				☐ Variano					
2. Building permits do not include plumbing, septic or electrical work.			etland	Miscell	Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			ood Zone	Conditi	Conditional Use		Requires Review		
			bdivision		☐ Interpretation		Approved		
•	Site Plan		Approv	☐ Approved ☐ Denied		☐ Approved w/Conditions ☐ Denied			
			Minor MM					Denied	
		Date:	NIA	Date:	N/A	Date:	7/6		
I hereby certify that I am the of I have been authorized by the jurisdiction. In addition, if a phall have the authority to entitle such permit.	owner to make this applipermit for work described	med pro ication a d in the	s his authorized application is is:	e proposed work i agent and I agree sued, I certify that	to conform to a the code official	ll application and the second	Sable laws orized repre	of this esentative	
BWilliaman 13 Br			f st.		4-6-01		575-1557		
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE			