Cit	y of Portland, Maine - Bui	ilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101 Tel:	(207) 874-8703	Fax: (207) 874-8	8716	2013-01419		047 B025001
Loca	ation of Construction:	Owner A		er Address:		Phone:	
236 STATE ST		MCMAHON JILL M & TIMOTHY J MCMAHON JTS		236 STATE ST PORTLAND, 1 04101		ORTLAND , MI	E (207) 831-9553
Busi	ness Name:						
Less	ee/Buyer's Name	Phone:	Phone:		it Type:	Zone:	
<u> </u>				Legalization of Non-Conforming			
	Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:
2]	legal units & one illegal unit	3 legal units		INSP	\$375.00 ECTION:	\$0.00 3	
	oosed Project Description: galization of 1 nonconforming un	it to make 3 lega	l unite				
LC	ganzation of 1 noncomorning un	i units.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.			(P.A.D.)	
							ed w/Conditions
Dom	nit Taken By: Date A	Ī	Signature:			Date:	
bj.		Zoning Approval					
1.	This permit application does not		Special Zone or R	Reviews	Zoni	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting appli Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landmar
2.	Building permits do not include septic or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review	
3.	Building permits are void if wor within six (6) months of the date	e of issuance.	Flood Zone		Condition	onal Use	Requires Review
	False information may invalidat permit and stop all work	Subdivision		Interpre	tation	Approved	
			Site Plan		Approve	ed	Approved w/Conditions
		Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:
Tho	maker contifer that I am the arrigan	f managed of the m	CERTIFICA			is suth saired by	the original of second and the
	reby certify that I am the owner over been authorized by the owner						
	sdiction. In addition, if a permit f						
	Il have the authority to enter all ar h permit.	eas covered by s	uch permit at any re	easona	bie nour to entoi	rce the provision	on of the code(s) applicable to
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
	Chondaid i bes don an arra ar	WORK TOTAL					
KE.	SPONSIBLE PERSON IN CHARGE OF '	WORK, TITLE				DATE	PHONE