	y of Portland, Maine	U			Permit No:	Issue Date:	CBL:	
	Congress Street, 04101		, Fax: (207) 874-8	. '	2013-02042		048 F014001	
Location of Construction: 521 CUMBERLAND AVE Business Name:			Owner Name: 519-521 CUMBERLAND AVENUE LLC		r Address: MARGINAL W RTLAND, ME 0	Phone:		
		Jeremy Benn	Contractor Name: Jeremy Benn jbenn617@gmail.com		ractor Address: Marginal Way, S 04101	Phone (207) 807-9218		
Less	essee/Buyer's Name est Use: family coposed Project Description: emodel/replace fixtures in all wo walls; 1st floor frame bed ermit Taken By: ojs . This permit application d	Phone:			it Type:	Zamilu	Zone:	
Past	Use:	Proposed Use:			Alterations - Multi Family Permit Fee: Cost of Work:		CEO District:	
		Same: 3 family	V		\$90.00		000.00 4	
Proposed Project Description:				INSPI	ECTION:			
			a. 3rd floor frame PEDESTRIAN ACTI					
two) wans; 1st 11001 frame bed	iroom wan.			ESTRIAN ACTIVII	VITIES DISTRICT (P.A.D.)		
				Action: Approved Approved Approved Signature:		red Approv	ved w/Conditions Denied	
							Date:	
Permit Taken By: Date Applied For: bjs 09/11/2013				Zoning Approval				
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and		Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation	
1.			Shoreland		☐ Variance	•	Not in District or Landman	
2.	Building permits do not is septic or electrical work.	☐ Wetland ☐ Flood Zone		Miscella	neous	Does Not Require Review		
3.	Building permits are voice within six (6) months of			Condition	onal Use	Requires Review		
	False information may in permit and stop all work.	Subdivision		☐ Interpret	ation	Approved		
			☐ Site Plan		Approve	ed	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
I ha juris shal	ve been authorized by the sdiction. In addition, if a p	owner to make this appl permit for work describe	dication as his authored in the application uch permit at any re	at the rized a is issu asonal	proposed work in agree and I agree along that	to conform to the code offic	y the owner of record and tha all applicable laws of this ial's authorized representative on of the code(s) applicable to	
SIG	NATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	
RES	SPONSIBLE PERSON IN CHAR	RGE OF WORK, TITLE				DATE	PHONE	