	t y of Portland, Mair Congress Street, 0410		O			2014-02032	Issue Date:		048 F015001	
	ation of Construction:	71 161. (Owner Name:	, 1 ax. (207) 674-6		r Address:			Phone:	
515 CUMBERLAND AVE			FESENKO ESTATE LLC			88 WOODLAND DR WEST GARDINER, ME 04345			(207) 899-8379	
Business Name:			Contractor Name Lavertu Const		Contractor Address: 70 Olympia Street Portland ME		ortland ME	Phone: (207) 615-1708		
Less	see/Buyer's Name		Phone:		Permit Type: Alterations - Multi Family		Zone:			
Past	Use:		Proposed Use:		Permit Fee:		Cost of Work:		CEO District:	
Six (6) Family residential DU			Same Six resid			\$58.00 \$4 INSPECTION:		4,000.00 4		
D	Dei 4 Decisión									
	posed Project Description: terations, which consist o	f rear nor	ch nost renlacen	nent and fire	ent and fire					
	cape stairway for the Seco				PEDE	ESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
building.					Action: Approved Approved w/Conditions Denied Signature: Date:					
Permit Taken By: Date Applied For:				1					te:	
dn			/2014			Zoning	g Approval			
1.	This permit application does not		preclude the	Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting application rederal Rules.				Shoreland		☐ Variance	☐ Variance ☐		Not in District or Landmar	
 Building permits do not include pluseptic or electrical work. Building permits are void if work is within six (6) months of the date of False information may invalidate a permit and stop all work 			-	Wetland		Miscell	aneous		Does Not Require Review	
			of issuance.	☐ Flood Zone ☐ Subdivision ☐ Site Plan		Conditi	onal Use	Requires Review		
			e a building			Interpre	Interpretation		Approved	
						Approv	Approved		Approved w/Conditions	
				Maj Minor MM		Denied	☐ Denied		Denied	
				Date:		Date:	Date:		Date:	
I ha juri shal	ereby certify that I am the tive been authorized by th sdiction. In addition, if a ll have the authority to er	e owner to permit fo	o make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	all appl cial's aut	licable laws of this horized representative	
sucl	h permit.									
SIGNATURE OF APPLICANT				ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE