City of Portland, M	Iaine - I	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	, Fax: (207) 874-8	3716	2014-02503			053 C013001			
Location of Construction: 40 DEERING AVE Business Name:			Owner Name: BARRON BARBARA TERAS & FRANK JOSEPH TERAS Contractor Name:		Owner Address: 40 DEERING AVE PORTLAND, ME 04101			Phone:	
					actor Address:	Phone:			
			KR Stiffler Construction		32 Tandberg Trail Windham ME 04062			(207) 894-0260	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Demolitions - Building			Zone:	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
2 Unit Residential		Vacant Land	Vacant Land		\$69.00 \$5,000 NSPECTION:		00.00	0.00 4	
Proposed Project Description	n•				eciton.				
Demolition of entire str		d backfill							
Bemondon of entire str	PEDESTRIAN ACTIVITIES DISTRICT		(P.A.D.)						
		Action: Approved Approved w/Co							
Permit Taken By:	1	č			Da	ate:			
ldobson			Zoning	g Approval					
1. This permit application does not preclude the			Special Zone or Reviews		Zon	Zoning Appeal		Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland		Variand	☐ Variance [Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous [Does Not Require Review	
3. Building permits an within six (6) mont	date of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	Conditional Use		Requires Review		
False information r permit and stop all	date a building			Interpre			Approved		
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
			Date:		Date:	Date:		Date:	
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the owr , if a perm	ner to make this appl nit for work describe	ication as his authord in the application	nat the rized a is issu	proposed work agent and I agre aed, I certify tha	e to conform to at the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICANT			ADD	RESS		DATE		PHONE	