City of Portland, M	[aine - Bui]	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 0	Fax: (207) 874-8	716	2012-50369		054 D007001		
Location of Construction:		Owner Name:			Owner Address:		Phone:
325 BRACKETT ST		BEH REDEVELOPMENT LLC -RICHARD BERMAH		17 CHESTNUT ST PORTLAND, N 04101		ME (207) 772-3225	
Business Name:		Contractor Name:		Contractor Address:			Phone
				ME			
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:
				Change of Use - Multi Family			C41 R6
Past Use:		Proposed Use:	N T	Perm	it Fee:	Cost of Work:	CEO District:
Two Family Apartment House		Change from 2 Unit Apartment to Lodging House with 8 rooms; NO CONSTUCTION		\$30.00 \$1,000.00 3 INSPECTION:			
Proposed Project Description	1;			1			
Change from 2 Unit Ap	th 8 rooms; NO	ooms; NO					
CONSTRUCTION		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved w/Cor					
Daniel Talana Dani	1	C			Date:		
Permit Taken By: Date Applied For: Service_User 11/19/2012				Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.					☐ Variance	ce	Not in District or Landman
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous	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			Flood Zone		Conditi	onal Use	Requires Review
			Subdivision		Interpre	etation	Approved
			Site Plan		Approv	red	Approved w/Conditions
	Maj Minor MM		Denied		Denied		
			Date:		Date:		Date:
I have been authorized b jurisdiction. In addition,	y the owner to if a permit for	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 a t the code officia	the owner of record and tha ll applicable laws of this l's authorized representative n of the code(s) applicable to
SIGNATURE OF APPLICAN	NT		ADDI	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE