City of Portland, Maine - Bu	_			Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel:	· •	, Fax: (207) 874-8		2014-00698			055 B028001	
ocation of Construction:  Owner Name: THOMAS ED		WARDS LLC	104	Owner Address: 104 GRANT ST PORTLAND, ME 04101			Phone:	
Business Name:	Nathan Hawk	Contractor Name:  Nathan Hawkes  nateandtrina105@yahoo.com		Contractor Address: 105 Spring Street Westbrook ME 04092			Phone (207) 939-2905	
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Alterations - Multi Family			Zone:	
Past Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:		
five legal dwelling units and one nonconforming dwelling unit		six dwelling units (pending permit #2013-01601)		\$100.00 \$8,000.00 3 INSPECTION:				
Proposed Project Description:  Construction of stairway to basemen	nt anartment and	a second means of						
window egress.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
-		Action: Approved Approved w/C			ed w/Cond			
Permit Taken By: Date A	Applied For:	Signature:		Date:				
bjs 04/0	Zoning Approval							
	Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State an Federal Rules.</li> </ol>		Shoreland		☐ Variano	ariance		Not in District or Landmar	
2. Building permits do not include septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review			
3. Building permits are void if wo within six (6) months of the dat False information may invalida	Flood Zone		Conditi	onal Use		Requires Review		
permit and stop all work	ic a building	Subdivision		Interpre	Interpretation		Approved	
	Site Plan		Approv	Approved		Approved w/Conditions		
	Maj Minor MM		Denied	Denied [		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for 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 appli ial's auth	cable laws of this orized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE		PHONE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE