Cit	ty of Portland, Maine	e - Building or Use	Permit Applicat	ion	Permit No:	Issue Date:	ļ	CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2013-01335			055 B033001	
	ation of Construction: BLYTHE CT	Owner Name: BAKER JEFF	Owner Name: BAKER JEFFREY B		Owner Address: 14 BLYTHE CT PORTLAND, ME 04102			<b>Phone:</b> (215) 435-9993	
Busi	iness Name:	Homesmith LI	Contractor Name: Homesmith LLC james@homesmithmaine.com		Contractor Address: PO Box 3854 Portland ME 04102			Phone (207) 671-3017	
Less	see/Buyer's Name	Phone:	Phone:		Permit Type:  New Single Family			Zone:	
Past	t Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Sin	ngle Family	Single Family	Single Family		\$1,425.00 \$133,0 INSPECTION:		00.00	3	
	posed Project Description: emo existing single family s	estructura (avaludina fau	ndation) and						
reb	build new single family in some porch (5' x 10')' and from	same footprint (24'9" x 3		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied  Signature: Date:					
Perr	mit Taken By:	Date Applied For:	I	<u> </u>			Dai		
bj		06/26/2013	Zoning Approval						
1.	This permit application d	loes not preclude the	Special Zone or Reviews		Zoni	Zoning Appeal  Variance		Historic Preservation	
	Applicant(s) from meetir Federal Rules.		Shoreland	Shoreland				Not in District or Landmar	
2.	Building permits do not is septic or electrical work.	☐ Wetland ☐ Flood Zone		Miscell	Miscellaneous		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			Condition	onal Use		Requires Review		
	permit and stop all work.		Subdivision		Interpre			Approved	
			Site Plan		Approv	ed		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:	Date:		Date:	
I ha juri shal	ereby certify that I am the of twe been authorized by the sdiction. In addition, if a p Il have the authority to ente th permit.	owner to make this appl permit 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 that	e to conform to t the code office	all appl cial's auth	icable laws of this horized representative	
SIG	GNATURE OF APPLICANT		ADDR	RESS		DATE		PHONE	