City of Portland, M	Iaine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	(CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-					2013-02296			056 D001001	
Location of Construction:	Ov		r Address:		P	Phone:			
50 CUSHMAN ST		HAMILTON PHILIP T & SUSAN M HAMILTON JTS		50 CUSHMAN ST PORTLA 04102		PORTLAND,			
Business Name:		Contractor Name:		Contractor Address:			P	hone	
				ME					
Lessee/Buyer's Name		Phone:		Permit Type:			Z	Zone:	
				Change of Use - One and Two Family				R6	
Past Use:		Proposed Use:		Perm	it Fee:			EO District:	
Single Family		To change the	use to a 2 Family		\$105.00	\$1,00	00.00 3		
				INSPECTION:					
Proposed Project Descriptio									
Add an interior door to									
family.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved Signature:				w/Conditions Denied Date:				
Permit Taken By:	<u> </u>				Date.				
Permit Taken By: Date Applied For: 10/09/2013			Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		☐ Variano	☐ Variance ☐		ot in District or Landman	
 Building permits do not include plumbing, septic or electrical work. Building permits are void if work is not started within six (6) months of the date of issuance. 			☐ Wetland		Miscell	aneous	Does Not Require Review		
			☐ Flood Zone		Conditi	Conditional Use		equires Review	
False information permit and stop all	a building	☐ Subdivision		Interpre	Interpretation		pproved		
			Site Plan		Approv	Approved [pproved w/Conditions	
	Maj 🔲 Minor 🦳 MM 🦳		Denied	Denied		Denied			
			Date:		Date:	Date:		Date:	
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to , if a permit fo	o make this appl or work describe	ication as his autho d in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to a t the code officia	all applic al's autho	able laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	