City of Portland, M	laine	- Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02223			056 G009001		
Location of Construction:	Owner Name:	Owner Name:		er Address:	-		Phone:		
76 SPRUCE ST		CAMEO INV	CAMEO INVESTMENTS LLC		99 MADDOCKS AVE ELLSWORTH, ME 04605			(207) 217-4953	
Business Name:		Contractor Name	Contractor Name:			Contractor Address:			
		Bill Angell sue.esty-angel	Bill Angell sue.esty-angell@delhaize.com			28 Jessica Lane South Portland ME 04106			
Lessee/Buyer's Name		Phone:			Permit Type: Alterations - Multi Family			Zone:	
								R6	
Past Use: six dwelling units		Proposed Use: six dwelling u	-:4-	Perm	Permit Fee: Cost of Work: \$100.00 \$7,		100.00 CEO District:		
2		six dwelling d			INSPECTION:				
Proposed Project Description	n:			1					
Replace existing, left sig	ch in same footprint &	add roof							
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved Signature:			ved w/Cor Da				
Permit Taken By:	Date Applied For:	1				Da	ite.		
bjs	10/02/2013		Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		g applicable State and	Shoreland		☐ Variano	☐ Variance ☐		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
within six (6) mont		☐ Flood Zone ☐ Subdivision		Conditi	☐ Conditional Use ☐ Interpretation		Requires Review		
False information n permit and stop all	alidate a building			Interpre			Approved		
			Site Plan		Approv	Approved		Approved w/Conditions	
		Maj Minor MM		Denied	Denied		Denied		
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the o	wner to make this applermit 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 office	all appl cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICAN	ЛТ		ADDI	RESS		DATE		PHONE	