City of Portland, Maine	- Building or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101	0			2014-02463		057 J005001	
Location of Construction:	Owner Name:		Owne	er Address:		Phone:	
214 DANFORTH ST	SHALOM HC	SHALOM HOUSE INC		GILMAN ST P 02			
Business Name:			<u>.</u>				
Lessee/Buyer's Name	Phone:	ne: P		it Type:	Zone:		
			Fire Alarm System		R6		
Past Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
Six (6) Residential Dwelling U	Units Same: Six (6) Dwelling Unit			\$168.00 ECTION:	\$14,000.	.00 3	
<b>Proposed Project Description:</b> For the installation of an Addre		tom for the					
Basement and First-Third Floo				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Date:			
Permit Taken By: dmc	Date Applied For: 10/21/2014		Zoning Approval				
1. This permit application do	es not preclude the	Special Zone or Re	eviews	Zonii	ng Appeal	Historic Preservation	
Applicant(s) from meeting Federal Rules.		Shoreland		Variance	2	Not in District or Landmark	
2. Building permits do not in septic or electrical work.			Wetland		neous	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			onal Use	Requires Review	
		Subdivision		Interpret	ation	Approved	
		Site Plan		Approve	ed	Approved w/Conditions	
		Maj 🗌 Minor 🗌 M	/IM	Denied		Denied	
		Date:		Date:		Date:	

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
DESDONSIDI E DEDSON IN CILADCE OF WORK TITLE		DATE	DUONE