City of Portland, Maine - Building or Use Permit Applica					Permit No:	Issue Date:		BL:	
389 Congress Street, 0	4101 Tel:	(207) 874-8703	, Fax: (207) 874-8	716	2013-01832			058 A004001	
Location of Construction: 108 SALEM ST		Owner Name: CAMPBELL MARSHA			Owner Address: 108 SALEM ST PORTLAND, ME			none: 207) 650-7139	
				04102					
Business Name:		Contractor Name:		Contractor Address:			Pł	ione	
		Andrew Green		4 De	ean Way Cape E	lizabeth ME 04	1107 (Z	207) 831-8398	
		agreer@maine	e.rr.com						
Lessee/Buyer's Name		Phone:	Phone:		it Type:		one:		
Past Use:		Duomagad Ugas		Change of Use - One and Two Family Permit Fee: Cost of Work:				6 EO District:	
Single Family		Proposed Use:	use from 1 family	Perm		\$275.00 \$18,000.00		3	
Single 1 anniy		To change the use from 1 family to two families		INSP	ECTION:	\$10,00	,,,,,,		
Proposed Project Description									
(Change of use 1 to 2 ur									
by putting a kitchen into	one of the	existing bearoom	S.	PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w/Conditions Denied						
D 4 W 1 D	T				Date:				
Permit Taken By: Date Applied For: bjs 08/15/2013					Zoning Approval				
1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		toric Preservation	
Applicant(s) from n Federal Rules.			Shoreland		☐ Variance	☐ Variance		ot in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		☐ Miscella	Aiscellaneous		oes Not Require Review	
3. Building permits are within six (6) month	e void if wons of the dat	e of issuance.	☐ Flood Zone ☐ Subdivision		Condition	Conditional Use		equires Review	
False information mermit and stop all		te a building			Interpre			pproved	
		Site Plan		Approve	Approved		oproved w/Conditions		
	Maj Minor MM		☐ Denied	Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	y the owner if a permit	to make this appl for work describe	lication as his authored in the application	at the rized a is issu	proposed work in agent and I agreed aled, I certify that	to conform to a	all applica al's author	able laws of this rized representative	
GIGNATURE OF THE STATE OF THE S				NECC.				- Nuclear	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	