Cit	y of Portland, Main	e - Building or Use	Permit Applicat	ion	Permit No:	Issue Date:		CBL:	
389	Congress Street, 0410	1 Tel: (207) 874-8703	, Fax: (207) 874-8	716	2013-02586			062 B017001	
	ation of Construction: THOMAS ST	Owner Name: CANDICE LE	Owner Name: CANDICE LEE		Owner Address: 56 THOMAS STREET PORTLAND ME 04101			Phone: (207) 767-1234	
Busi	ness Name:	Mike Miller	Contractor Name: Mike Miller mmiller1@maine.rr.com		Contractor Address: 259 Mitchell Road Cape Elizabeth ME 04107			Phone (207) 838-2508	
Less	ee/Buyer's Name	Phone:	Phone:		Permit Type: Alterations - Single Family			Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Sin	gle family	1 -	Same: Single family		\$370.00 \$35,0 SPECTION:		000.00	000.00 3	
ma	posed Project Description: ke a master bath, closet &	z office out of an existing	g bedroom adding						
W11	ndow				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
			Action: Approved Approved w				ved w/Cor		
Permit Taken By: Date Applied For: bjs 11/19/2013				Zoning Approval					
_			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
1.	Applicant(s) from meeti Federal Rules.		Shoreland			☐ Variance [Not in District or Landmar	
2.	Building permits do not septic or electrical work	☐ Wetland		Miscella	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		Flood Zone		Condition	Conditional Use		Requires Review	
	permit and stop all work		Subdivision		Interpre	Interpretation		Approved	
			Site Plan		Approve	Approved		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:	Date:		Date:	
I ha juri shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to en h permit.	e owner to make this appl permit for work describe	lication as his authored in the application	at the fized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code office	o all app cial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDR	RESS		DATE	PHONE		