City of Portland, M	Iaine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, (Fax: (207) 874-8	3716	2013-01904			062 B023001			
Location of Construction:	Owner Name:	wner Name:		er Address:			Phone:		
5 CARROLL ST		MCNEIL DOI	MCNEIL DONNA M		5 Carroll St PORTLAND, ME 04		102	02 (207) 650-8118	
Business Name: Lessee/Buyer's Name		Contractor Name	Contractor Name:		ractor Address:	Phone			
			Corey Graham corey.p.graham@gmail.com		66 E Oxford Street Portland ME 04101			(207) 266-0169	
		Phone:	Phone:		it Type:	Zone:			
		D 111	D. IV		ditions - Multi F		R6		
Past Use: Three Family		Proposed Use: Three Family	remin		nit Fee:	Fee: Cost of Work: \$3,000		0.00 CEO District:	
,		Timee Talliny			INSPECTION:				
Proposed Project Description	n:								
Replacing entrance stair	tc. Preserving								
existing metal handrail.			Ī		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Action: Approved Approved w								
Permit Taken By: Date Applied For:			Τ	Signature:			Di	nte:	
bjs 08/22/2013			Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland		☐ Variano	☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	aneous		Does Not Require Review	
3. Building permits are void if work is not state within six (6) months of the date of issuance False information may invalidate a building			Flood Zone		Conditi	Conditional Use		Requires Review	
permit and stop all	late a building	☐ Subdivision		Interpre	Interpretation		Approved		
			Site Plan		Approv	ed		Approved w/Conditions	
			Maj Minor MM		Denied	☐ Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the owner, if a permi	er to make this appl it for work describe	ication as his autho d in the application	nat the rized a is issu	proposed work agent and I agreed aed, I certify that	e to conform to t the code office	all app cial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICAL	NT		ADD	RESS		DATE		PHONE	
-									