	y of Portland, Maine	- C			Permit No:	Issue Date:	CBL:
	Congress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02039		062 F001001
Location of Construction: 27 THOMAS ST			Owner Name: WEST JERRY W & DIANE M WORTHINGTON JTS		er Address: THOMAS ST P 02	Phone: IE	
Business Name:		Thompson & . Woodworkers	Contractor Name: Thompson & Johnson Woodworkers		ractor Address: Island Ave Peak	Phone (207) 766-5219	
Lessee/Buyer's Name		Phone:	Phone:		it Type: erations - Single	Zone:	
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:
Sin	gle Family	Same: Single	Same: Single Family		\$270.00 \$20,000.00 INSPECTION:		000.00 3
Prop	osed Project Description:				-0000		
Rei	novation of first and second	l floor bathrooms.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.			
						?.A.D.)	
				Action: Approved Approved Appro		ved Approv	ved w/Conditions Denied
				S	ignature:		Date:
Pern bjs	nit Taken By:	Date Applied For: 09/11/2013		Zoning Approval			
1.	This permit application do	oes not preclude the	Special Zone or R	eviews	Zoni	ng Appeal	Historic Preservation
	Applicant(s) from meeting Federal Rules.				☐ Varianc	ee	Not in District or Landmar
2.	Building permits do not in septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Conditi	onal Use	Requires Review
	False information may inverse permit and stop all work	Subdivision		Interpre	etation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I ha juris shal	we been authorized by the obdiction. In addition, if a pe	wner to make this applermit for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADD	RESS		DATE	PHONE
RES	SPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	PHONE