City of Portland, Maine - Bu	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel	: (207) 874-8703	Fax: (207) 874-8	3716	2013-02701		064 E019001
Location of Construction:	Owner Address		r Address:	<del></del>	Phone:	
16 GILMAN ST	SEA OTTER LIABILITY O	16G LIMITED COMPANY	39 COVESIDE LN YARMOUTH, ME 04096			, ME (207) 653-6672
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone	
		MIchael Chestnutt mike138@maine.rr.com		Emery Street Apr 02	IE (207) 756-4153	
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
				ditions - Multi F	R6	
Past Use:	Proposed Use:	-		mit Fee: Cost of Work:		CEO District:
Multi family - 6 dwelling units	Multi family -	Multi family - 6 dwelling units		\$70.00 ECTION:	\$5,00	00.00 3
Proposed Project Description:						
New egress stairs from rear deck to	-					
(above daylight basement) - replace			DESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved Approved		ved Approve	ed w/Conditions Denied	
			Si	ignature:		Date:
Permit Taken By: Date Applied For: 12/09/2013		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	ee	Not in District or Landmar
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the da	☐ Flood Zone		Conditi	onal Use	Requires Review	
False information may invalid 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 hereby certify that I am the owner	of record of the na	CERTIFICA amed property, or the			is authorized by	the owner of record and tha
I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	r to make this appl t for work describe	lication as his authord in the application	rized a is issu	gent and I agree led, I certify that	e to conform to a	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE