•	*	- Building or Use			Permit No:	Issue Date:	CBL:
U	· ·	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-01570		064 E021001
Location of Construction: 10 GILMAN ST		Owner Name: BRUCE SHO	Owner Name: BRUCE SHOEBOTTOM		Owner Address: 40 WOODFIELD DRIVE SCARBOROUGH MAINE 04074		Phone: (207) 756-2297
Business Name:		Matt Martelle	Contractor Name: Matt Martelle mmartelle@gmail.com		ractor Address: Salem Street Port	Phone (207) 807-3335	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Multi Family		Zone:
Past Use:		Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:
Four unit		Four unit	Four unit		\$270.00 \$25,000.00 CCTION:		000.00 3
Proposed Proje	•	with part structurally s	cound and marr		erion.		
*	ent exterior stairs ant exterior stair.	s with new structurally s	PEDESTRIAN ACTIVITIES DISTRI		TIFS DISTRICT	CT (P A D )	
1							ved w/Conditions Denied
				S	ignature:		Date:
Permit Taken By: Date Applied For: bjs 07/23/2013				Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
	nt(s) from meetin	g applicable State and	Shoreland		☐ Varianc	e	Not in District or Landmar
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	aneous	Does Not Require Review
within s	ix (6) months of t	I if work is not started the date of issuance.	Flood Zone		Condition	onal Use	Requires Review
	formation may in nd stop all work.	validate a building	Subdivision		Interpre	tation	Approved
			Site Plan		Approv	ed	Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I have been a jurisdiction.	uthorized by the of In addition, if a p	owner to make this applermit for work describe	lication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	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
SIGNATURE (	OF APPLICANT		ADDRESS			DATE	PHONE
RESPONSIBLE	E PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE