City of Portland, Maine -	Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 T	Tel: (207) 874-8703	s, Fax: (207) 874-8	3716	2014-02373		065 B010001	
Location of Construction: Owner Name:		Owner Ad		Address:		Phone:	
025 CONGRESS ST WOODHEAD		D MARK A 1043 C ME 04		CONGRESS ST PORTLAND, 04102		(207) 775-2234	
Business Name:							
Lessee/Buyer's Name Phone:		Permit T			1.00 .00 .00	Zone:	
Past Use: Proposed		posed Use:		nange of Use - One and Two Fan Cost of Work:		y B2 R6 CEO District:	
one legal dwelling unit and one		Two family		\$125.00			
illegal dwelling unit				INSPECTION:			
Proposed Project Description: Change of Use - Permit existing	2nd dwelling unit to	make the use a					
legal two family		PEDESTRIAN ACTIVITIES DISTRICT (P.A.			A.D.)		
		Action: Approved Approv		Approved	w/Conditions Denied		
					Date:		
·	Date Applied For: 10/10/2014		Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or R	eviews	Zoning	Appeal	Historic Preservation	
		Shoreland		☐ Variance		Not in District or Landman	
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscellane	ous	Does Not Require Review		
3. Building permits are void if within six (6) months of the	Flood Zone		Conditiona	l Use	Requires Review		
False information may inval permit and stop all work	Subdivision		Interpretati	on	Approved		
	Site Plan		Approved		Approved w/Conditions		
	Maj Minor 1	ММ	Denied		Denied		
	Date:		Date:		Date:		
		CED THE C					
	C 1 C.1	CERTIFICA			.1 . 11 .		
I hereby certify that I am the own I have been authorized by the ow jurisdiction. In addition, if a perishall have the authority to enter a such permit.	ner to make this appl nit for work describe	lication as his authored in the application	rized a is issu	gent and I agree to led, I certify that the	conform to all ne code official	l applicable laws of this 's authorized representative	
SIGNATURE OF APPLICANT	ADDI	RESS		DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	