City of Portland, Main 389 Congress Street, 0410		U				rmit No: 10-0491	Issue Date	:	066A C	008001
	J1 1el: (.		, Fax: ((207) 874-871						000001
Location of Construction: 29 PAYSON ST BRUZEK O			IVIA M		Owner Address: 29 PAYSON ST				Phone:	
Business Name:	BRUZEK OLIVIA M Contractor Name:			Contractor Address:				Phone	Phone	
Lessee/Buyer's Name		Phone:			Permit Type:					Zone:
					Cha	ange of Use -	Dwellings			
Past Use:	Proposed Use:		•	Perm	nit Fee: Cost of Work:		k:	CEO District:	1	
Single Family Home w/ Daycare		Single Family	Home - Change of			\$105.00		05.00 3		
		use from Single Family Home w/ Daycare to Single Family Home only			Approved				SPECTION: e Group: Type:	
Proposed Project Description:					-					
Change of use from Single	Family Ho	ome w/ Daycare	to Sing	le Family	Signature: Signatur			ıre:		
Home only	•	·	į,		PEDESTRIAN ACTIVITIES DISTRIC					
					Actio	on: Appro	ved App	proved w	/Conditions	Denied
					Signature:				Date:	
Permit Taken By:	Date Ap	oplied For:			Zoning Approval					
ldobson	ldobson 05/07/2010								_	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landmark		
	2. Building permits do not include plumbing,			Wetland		Miscellaneous			Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Flood Zone		Conditional Use			Requires Review		
			Subdivision			☐ Interpretation			Approved	
			Si	te Plan		Approv	ed		Approved w/	Conditions
				Minor MM	Denied				Denied	
						Date:			Date:	
I hereby certify that I am the that I have been authorized this jurisdiction. In addition representative shall have the code(s) applicable to such p	by the own n, if a pern e authority	ner to make this nit for work desc	amed pr applica cribed in	tion as his auth the applicatio	the pro orized n is iss	agent and I a sued, I certify	ngree to cont that the co	form to de offic	all applicable ial's authorized	laws of
SIGNATURE OF APPLICANT				ADDRES	S		DATE	1	PHO	NE.
DIGITIONE OF AFFEICANT				ADDRES			DATE	•	1110	.,_

Loca	ation of Construction:	Owner Name:		Owner Address:	Phone:							
29	PAYSON ST	BRUZEK OLIVIA M		29 PAYSON ST								
Busi	iness Name:	Contractor Name:		Contractor Address:	Phone							
Less	see/Buyer's Name	Phone:		Permit Type:			Zone:					
				Change of Use - Dwellin	ıgs							
D	ept: Zoning Status: A	pproved with Condition	ns Reviewer :	Marge Schmuckal	Approval Dat	te: 05/1	0/2010					
	ote:	11		C		Ok to Issue	_					
	ALL kitchen facilities shall be removed in full prior to occupancy permit, including but not limited to items such as stoves, microwaves, refrigerators and/or kitchen sinks,											
2)	This change of use extinguishes any future rights to past uses. Separate permits shall be required for any change of use and shalll be reviewed and approved based upon the current underlying zone.											
3)	This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. without special approvals.											
4)	4) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.											
5)	This permit is being approved on work.	the basis of plans subm	itted. Any devia	ations shall require a separ	ate approval be	efore startin	g that					
	ept: Building Status: A	pproved with Condition	ns Reviewer :	Tammy Munson	Approval Da	te: 05/2 Ok to Issue	27/2010 e: 🔽					
	This is a change of use permit onl	y. It does not authorize	any construction	n activity.								
	omments:	T : 11 20 FF	W 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.04240								
3/2	24/2010-kny: Mailed to: Simplex/C	Jillillell, 20 Thomas Di	, westorook, wii	2 04240								
		C	ERTIFICATION)N								
I he	ereby certify that I am the owner of				rized by the ow	ner of reco	rd and					
that this repi	I have been authorized by the own jurisdiction. In addition, if a perm resentative shall have the authority e(s) applicable to such permit.	ner to make this applica it for work described in	tion as his autho the application	rized agent and I agree to is issued, I certify that the	conform to all a e code official's	applicable l authorized	laws of					
SIG	GNATURE OF APPLICANT		ADDRESS	Γ	DATE	PHON	JE					