City of Portland, Maine - Bu	0			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel		3, Fax: (207) 874-8		2013-02499		071 A003001
Location of Construction: 467 DANFORTH ST WILLIAM H AND KATHE			Owner Address: 467 DANFORTH STREET PORTLAND, ME 04102		Phone:	
Business Name:	Mast Construc	Contractor Name: Mast Construction Corp adam@mastconstructioncorp.com		ractor Address: Mast Road Scarb	Phone (207) 317-0561	
Lessee/Buyer's Name	Phone:	Phone:		it Type: erations - Single	Zone:	
Past Use:	Proposed Use:	Proposed Use:		it Fee:	CEO District:	
Single Family Same: Sin		le Family		\$80.00 ECTION:	\$6,00	00.00 3
Proposed Project Description:						
House renovation PHASE I: interior	only. Phase 2,					
actual renovation, under new perm		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					ed w/Conditions Denied Date:	
Permit Taken By: Date	<u> </u>	Signature:			Date.	
	Applied For: /07/2013		Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landma
 Building permits do not include plumbing, septic or electrical work. 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 		Wetland		Miscella	nneous	Does Not Require Review
		Flood Zone		Condition	onal Use	Requires Review
		Subdivision Site Plan		Interpre	tation	Approved
				Approve	ed	Approved w/Conditions
	Maj Minor MM		_ Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	r to make this appl for work describe	lication as his authored in the application	at the ized a	proposed work in a gree and I agree and I certify that	to conform to the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE