City of Portland, Maine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (U			2014-01486		079 A028001
Location of Construction:	Owner Address:		-	Phone:		
106 DOUGLASS ST BEATTY KA		REN M 106 041		DOUGLASS ST PORTLAND, ME 02		
Business Name:	Contractor Name:		Contractor Address:			Phone:
U. S. Sit		Solutions		P O Box 124 Moody ME 04054-0124		24 (207) 850-6488
Lessee/Buyer's Name	Phone:		Permi	it Type:	Zone:	
			Additions - Single Family			R5
Past Use:	Proposed Use:	roposed Use:		mit Fee: Cost of Work:		CEO District:
Single Family Home	Ssame: Single	Ssame: Single Family Home		\$157.00	\$12,500	0.00 6
Proposed Project Description:			INSPI	ECTION:		
Remove existing bulk head and repla	oo with motel by	Ilchand Damova				
existing ramp and deck and build a 7'		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
					d w/Conditions Denied	
	Signature:				Date:	
			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	e	Not in District or Landman
 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	aneous	Does Not Require Review
		Flood Zone		Condition	onal Use	Requires Review
		Subdivision		Interpre	tation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his autho d in the application	nat the rized a is issu	proposed work a gent and I agree ted, I certify that	to conform to a the code officia	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE