City of Portland, Maine	- Building or Use	Permit Applicatio	n	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-871	6	2014-01522		080 A003001
Location of Construction:	Owner Name:	0	wne	r Address:		Phone:
507 ST JOHN ST	KANE MICH		507 ST JOHN ST PORTLAND , ME 04102			E (207) 838-7207
Business Name:						
Lessee/Buyer's Name	Phone:	P	ermi	it Type:	Zone:	
		Alter		erations - Single	Family	R3 R5
Past Use:	Proposed Use:	P	Permit Fee:		Cost of Work:	CEO District:
Single-Family Home	Single-Family	Home	\$25.00		\$350	0.00 6
Proposed Project Description: install a new sliding glass door						
	PEDE		EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved v Signature:		l w/Conditions 📄 Denied Date:		
Permit Taken By: dmc	7: Date Applied For: Zoning Approval 07/11/2014					
1 This permit application de	not preclude the	Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland			9	Not in District or Landmark
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscella	neous	Does Not Require Review
3. Building permits are void within six (6) months of the	Flood Zone		Conditio	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		 Subdivision Site Plan Maj Minor MM Date: 		Interpretation		Approved
				Approved		Approved w/Conditions
				Denied		Denied
				Date:		Date:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE DERSON IN CLUADCE OF WORK TITLE		DATE	DUONE