City of Port	land, Maine	e - Building or Use	Permi	it Applicatio	n Pe	rmit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-3						05-1032		081	D015001
		Owner Name:	Owner Name:			Owner Address:		Phone:	
26 Woodmont St Zaitlin Sa		Zaitlin Samuel	iel M 615-749/		26 Woodmont St			Ì	
Business Name:		Contractor Name	Contractor Name:			actor Address:		Phone	
		Mark Pinette I	Mark Pinette Inc.			tland			
Lessee/Buyer's Name		Phone:	Phone:			it Type:		I	Zone:
					Alte	erations - Dwe	llings		
Past Use: Proposed Use:									
Single Family		Single Family	creat d	oorway from	\$30.00 \$70 INS			SPECTION:	
			Living room		FIRE DEPT: Approved		Approved Us	Ise Grup: Type:	
							Denied		9.00
						ı / 🗀	Demed	IIM	N
						11/			
Proposed Project	Description:				1	VV	$\mathbf{\Psi} \mathbf{V} \mathbf{\Psi}$		
Create doorway from Kitchen to living room				Signature:		• • •	Signature		
						PEDESTRIAN ACTIVITIES DISTR		ICT (P.A.D.)	
						Action: Approved Approved w/Conditions Denied			
			Action.		п Арргоче	7. Approved in conditions			
					Signature:			Date:	
Permit Taken By: Date Applied For:					Zoning Apprpval				
dmartin 07/29/2005									
1. This perm	loes not preclude the	de the Special		ews	Zoning Appeal		Historic Reservation		
		ng applicable State and	Shoreland		☐ Variance			Not in District or Landmar	
Federal R	ules.								
2. Building permits do not include p		include plumbing,	Wetland			Miscellaneous		Does Not Require Review	
septic or o									
3. Building	d if work is not started	☐ Flood Zone		Conditional Use		nal Use	Requires Review		
within six (6) months of the date of issuance.									
False information may invalidate a building				ubdivision	Interpretation		Approved		
permit an	d stop all work.								
			Si	ite Plan		Approved	l	Approved	l w/Conditions
				Minor MM		Denied		Denied	
			late:			late:		Date:	
I have been aut jurisdiction. In	horized by the addition, if a p	wner of record of the na owner to make this appli permit for work described or all areas covered by su	med pr cation d in the	as his authorize application is i	ne prop d agen ssued,	t and I agree to I certify that the	o conform to al ne code officia	ll applicable la l's authorized r	ws of this epresentative
SIGNATURE OF	SIGNATURE OF APPLICANT			ADDRESS		DATE		PHONE	