City of Portland, I	Maine - B	building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBT:	
389 Congress Street,	04101 Te	1: (207) 874-8703	, Fax: (207) 874-	8716	2013-02380		082 A005001	
Location of Construction: Owner Na			er Name:		er Address:		Phone:	
114 NOYES ST		BEAL JEAN	BEAL JEAN F H		NOYES ST PO	(207) 879-1556		
RAS		Contractor Name	Contractor Name:		actor Address:	Phone		
			RAS Construction		Box 1538 Wind	52 (207) 838-1496		
		ricks@sanbor	ncompanies.com					
Lessee/Buyer's Name		Phone:	Phone:		it Type:	Zone:		
					ditions - Single I	R5		
Past Use:		Proposed Use:	Proposed Use:		nit Fee: Cost of Work:		CEO District:	
single family with hor	ne occupation		with home		\$50.00	\$3,00	00.00 7	
		occupation	occupation		INSPECTION:			
Proposed Project Descripti	on:	1						
Extend existing side d		L						
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.		(P.A.D.)		
					ction: Approx	ved Approve	ed w/Conditions Denied	
	1	Signature: D			Date:			
Permit Taken By: bjs	Taken By: Date Applied For: 10/22/2013				Zoning	Zoning Approval		
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	
		plicable State and	Shoreland		☐ Varianc	e	Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits within six (6) more	nths of the d	late of issuance.	Flood Zone		Condition	onal Use	Requires Review	
False information permit and stop al	•	late a building	Subdivision		Interpre	tation	Approved	
			Site Plan		Approve	ed	Approved w/Conditions	
			Maj Minor MM		☐ Denied		Denied	
			Date:		Date:		Date:	
I have been authorized jurisdiction. In additio	by the owner, if a permi	er to make this appl it for work describe	lication as his authord in the application	hat the orized and is	proposed work in agreed and I agreed and I certify that	to conform to the code offici	y the owner of record and that all applicable laws of this all's authorized representative on of the code(s) applicable t	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE