Cit	y of Portland, Maine	- Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389	Congress Street, 04101	Tel: (207) 874-8703	6, Fax: (207) 874-	8716	2014-00596		082 B016001	
Loca	ation of Construction:	Owner Name:		Owne	er Address:	-	Phone:	
137 NOYES ST		_	BOURQUE MICHAEL P & MELISSA R BOURQUE JTS		137 NOYES ST PORTLAND, M 04103		1E	
Busi	ness Name:							
Lessee/Buyer's Name Phone:		Permit		it Type:		Zone:		
					ditions - Single	R5		
	Use:	Proposed Use:		Perm	Permit Fee: Cost of Work		CEO District:	
Sin	igle Family Home	Same: Single	Same: Single Family Home		\$620.00 \$60,000		000.00 7	
					INSPECTION:			
_	posed Project Description:							
Ad	d addition to back of house	e with rear deck		PEDI	PEDESTRIAN ACTIVITIES DISTRICT (P.A.I		(P.A.D.)	
				Action: Approved Approved Approved		ved w/Conditions Denied		
			•	Signature:			Date:	
Permit Taken By: Date Applied For: 1dobson 04/01/2014				Zoning Approval				
1.	This permit application does not preclude the		Special Zone or I	Reviews	Zoni	ing Appeal	Historic Preservation	
1.	Applicant(s) from meeting Federal Rules.		Shoreland		Variand	ce	Not in District or Landmar	
2.	Building permits do not in septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review		
3.	Building permits are void within six (6) months of t	Flood Zone		Conditi	onal Use	Requires Review		
	False information may in permit and stop all work	Subdivision		Interpre	etation	Approved		
			Site Plan		Approv	red	Approved w/Conditions	
			Maj Minor MM		Denied		Denied	
			Date:		Date:		Date:	
			CERTIFIC.	A TION	NT.			
I he	reby certify that I am the o	wner of record of the na				is authorized b	y the owner of record and tha	
I ha	ve been authorized by the	owner to make this appl	lication as his autho	orized a	agent and I agree	e to conform to	all applicable laws of this	
							cial's authorized representative on of the code(s) applicable to	
	n permit.	I all aloas covered by s	and permit at any I	-usonu	or nour to ento	ito me provisi	on or the code(s) applicable to	
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RES	SPONSIBLE PERSON IN CHAR	GE OF WORK, TITLE				DATE	PHONE	