City of Portland, Maine - Building or Use Permit Applicate 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	No: Issue Date:		CBL:	
					2013-02631			089 J005001	
Location of Construction:		Owner Address:			Phone:				
41 BAYBERRY LN, Peaks Island		LIEBER ROBERT A		139 BRACKETT ST PORT 04102		Γ PORTLAND,	O, ME (207) 400-1424		
Business Name:		Contractor Name:		Contractor Address:				Phone	
				ME					
Lessee/Buyer's Name		Phone:		Permi	it Type:		Zone:		
				Amendment to Single Family				IR-1	
Past Use:		Proposed Use:				Cost of Work:	CEO District:		
Single Family (permit #10-1004) Single Fami				INSP	\$30.00 ECTION:			3	
Proposed Project Descriptio	n:			1					
amend original permit	ion techniques for	ues for							
both the foundation and the framing.			PEDF		DESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/C							
			1	Signature:			Da	Date:	
Permit Taken By: Date Applied For: 11/27/2013				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.					☐ Variance	nce		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. 			☐ Wetland		Miscell	aneous		Does Not Require Review	
			Flood Zone		Conditi	Conditional Use		Requires Review	
False information permit and stop all	•	a building	☐ Subdivision		Interpre	☐ Interpretation ☐		Approved	
		Site Plan				Approved w/Conditions			
	Maj		Denied	☐ Denied		Denied			
	Date:		Date:	Date:		Date:			
			CERTIFICA	TION	J.				
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	o make this appl or work describe	amed property, or the lication as his authorized in the application	at the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to a	all appl al's autl	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	