City of Portland, M	laine - F	Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, (	Fax: (207) 874-8	3716	2014-00729			090 H002001			
Location of Construction: Owner Name				Owne	r Address:	-		Phone:	
29 OAKLAWN RD			REICH MARSHA A & STANLEY G REICH JTS		5 SUNSET LN RIDGEFIELD, CT 06877				
Business Name:		Contractor Name	Contractor Name:		actor Address:	Phone			
		Lionel Plante	Lionel Plante Associates		98 Island Avenue Peaks Island ME 01408			(207) 766-2508	
Lessee/Buyer's Name Past Use:		Phone:	Phone: Proposed Use:		Permit Type:			Zone:	
		D			Alteration		IR-2 CEO District:		
Single Family		Same: Single I	Zomily.	Perm	nit Fee: Cost of Work: \$450.00 \$43		000.00 3		
		Sume. Single 1	Zamer zangre r annar		INSPECTION:				
Proposed Project Description	1:								
Construction of a bould	eline that is								
currently eroding and save large existing oak				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
			ved w/Cor						
Permit Taken By:	I	Signature:			Da	.te:			
bjs		Zoning Approval							
bjs 04/14/2014  1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from a Federal Rules.			Shoreland		☐ Varianc	Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not s within six (6) months of the date of issuar False information may invalidate a building			ance.		Conditional Use			Requires Review	
False information r permit and stop all	date a building	☐ Subdivision		Interpre	☐ Interpretation		Approved		
			Site Plan		Approv	ed		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	y the own	ner to make this appl nit for work describe	ication as his autho d in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code office	all app cial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICAL	NT		ADDI	RESS		DATE		PHONE	