Cit	y of Portland, Maine - I	Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389	Congress Street, 04101 Te	el: (207) 874-8703	3, Fax: (207) 874-8	3716	2014-01653		105 Z0030	002
Loca	ation of Construction:	Owner Name:	Ow		vner Address:		Phone:	
77 ROCKLEDGE AVE, Little Diamond Island		DAVIS ARLI	DAVIS ARLEN W		240 BARNSTABLE RD # 4 SOUTH PORTLAND, ME 04106		TH	
Busi	iness Name:							
Less	ee/Buyer's Name	Phone:	Phone:		it Type:	Zone:		
					erations - Single	Family	IR-1	IR-1
	Use:	Proposed Use:	•		Permit Fee: Cost of Works		\$0.00 CEO District:	
Sir	igle-Family Home	Single-Family	Single-Family Home		\$125.00			
					ECTION:			
_	oosed Project Description:	T . P . 10						
Fir	hish the second floor (After-Th		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.			(P A D)		
							aniad	
				Action: Approved Approved		d w/Conditions Denied		
			Signature:			Date:		
Permit Taken By: dmc Date Applied For: 07/25/2014				Zoning Approval				
	_		Special Zone or R	Reviews	Zoni	ing Appeal	Historic Preserv	ation
 This permit application does not Applicant(s) from meeting appli Federal Rules. 			☐ Shoreland		☐ Variano	☐ Variance ☐		r Landmar
2.	Building permits do not incluseptic or electrical work.	Miscell			Miscellaneous		re Review	
3.	Building permits are void if within six (6) months of the	date of issuance.	Flood Zone		Conditi	ional Use	Requires Review	
False information may invalidate a building permit and stop all work			Subdivision		Interpre	etation	ion Approved	
			Site Plan		Approv	Approved		nditions
		Maj Minor MM		Denied		☐ Denied		
			Date:		Date:		Date:	
			CEDELEIC	TION	.T			
I ho	raby cartify that I am the even	or of record of the n	CERTIFICA			is outhorized b	y the owner of record	and the
	reby certify that I am the owner ve been authorized by the own							
juri	sdiction. In addition, if a perm	nit for work describe	ed in the application	is issu	ied, I certify tha	t the code offic	cial's authorized repres	sentative
	Il have the authority to enter al	l areas covered by s	such permit at any re	easona	ble hour to enfo	rce the provisi	on of the code(s) appl	licable to
suc	h permit.							
SIGNATURE OF APPLICANT			ADDRESS			DATE		
RE	SPONSIBLE PERSON IN CHARGE	OF WORK, TITLE				DATE	PHONE	