City of Portland, Maine -	Building or Use 1	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Γel: (207) 874-8703	, Fax: (207) 874-8	716	2013-02152		117 A016001	
Location of Construction: Owner Name:			Owne	r Address:		Phone:	
76 FESSENDEN ST	MCCLURE A	MCCLURE ANNE		ESSENDEN ST 04103	D, (207) 229-6991		
Business Name:	Contractor Name	:	Contractor Address:			Phone	
		Monaghan Woodworks Inc. mmonaghan@mwoodworks.com		Commercial St. 04102	dand (207) 775-2683		
Lessee/Buyer's Name	Phone:		Permi	t Type:		Zone:	
				ages - Detached	R5		
Past Use:	Proposed Use:		Perm	it Fee:	Cost of Work:	CEO District:	
two family	Same: two fam	nily		\$920.00 \$90,0		000.00 4	
			INSPI	ECTION:			
Proposed Project Description:							
Construction of a new detached demoed under permit #2012-07	an old garage	DEDUCTOR AND A CONTINUE DISCONDERS OF A DECEMBER OF A DECE					
demoed under permit #2012-07		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
	Action: Approved Approved Signature:			ved w/Conditions Denied Date:			
Permit Taken By:	Date Applied For:	Ī	5.		Α	Dutc.	
bjs	09/23/2013			Zoning Approval			
1. This permit application doe	Special Zone or Re	one or Reviews Zoning Appeal		ng Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	e	Not in District or Landma	
 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. False information may invalidate a building permit and stop all work 		☐ Wetland☐ Flood Zone☐ Subdivision☐ Site Plan		Miscella	ineous	Does Not Require Review	
				Condition	onal Use	Requires Review	
				Interpre	tation	Approved	
	Approve			ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the ow I have been authorized by the ov jurisdiction. In addition, if a per shall have the authority to enter such permit.	vner to make this appl mit for work describe	lication as his authored in the application	at the rized a is issu	proposed work i gent and I agree led, I certify that	to conform to	all applicable laws of this cial's authorized representative	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE	PHONE	
SIGNATURE OF APPLICANT		ADDR	RESS		DATE		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE