City of Portland, M	Iaine - I	Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	, Fax: (207) 874-8	3716	2015-00128			118 D009001			
Location of Construction: 20 NOYES ST		Owner Name: NISBET GRE	Owner Name: NISBET GREGORY J		Owner Address: 124 NOYES ST PORTLAND, ME 04103			Phone:	
Business Name:		Contractor Name	Contractor Name:		actor Address:		Phone:		
A MARKOT			Benjamin Construction		93 Lincoln Street South Portland ME 04106			(207) 712-2979	
Lessee/Buyer's Name		Phone:	Phone:		it Type:		Zone: R5		
Past Use:		Proposed Use:	Proposed Use:		Demolitions - Building Permit Fee: Cost of Work:			CEO District:	
Two family		capped cellar t	capped cellar to remain - separate permit must be applied		\$432.00 ECTION:			7	
Proposed Project Descriptio	n:								
Removed fire damaged	nain								
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
					ved w/Cond				
Permit Taken By:	T	Signature: Date:							
ermit Taken By: Idobson Date Applied For: 01/22/2015					Zoning	Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		istoric Preservation	
Applicant(s) from Federal Rules.					☐ Variance		Not in District or Landmar		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Ooes Not Require Review	
3. Building permits a within six (6) mon	date of issuance.	f issuance.		Conditional Use		F	Requires Review		
False information repermit and stop all	date a building			Interpre	Interpretation		approved		
			Site Plan		Approv	ed	A	approved w/Conditions	
	Maj Minor MM		_ Denied	☐ Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the own, if a pern	ner to make this appl nit for work describe	ication as his authord in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code office	all application	cable laws of this orized representative	
SIGNATURE OF APPLICANT			ADDI	RESS		DATE		PHONE	