City of Portland, M	aine - l	Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:
389 Congress Street, 0	el: (207) 874-8703	Fax: (207) 874-8	716	2013-01938			123 D004001	
Location of Construction:		Owne	r Address:	·	Phone:			
17 GLENWOOD AVE		HOWARD YE	HOWARD YEE		120 BAXTER BOULEVARD PORTLAND, ME 04102			(310) 897-3333
Business Name:		Contractor Name	Contractor Name:		actor Address:	Phone		
		Jim Johnston jimjohnston@	Jim Johnston jimjohnston@windsorcourtluxury		110 Marginal Way #222 Portland ME 04101			(207) 776-0479
Lessee/Buyer's Name		Phone:			it Type:		Zone:	
					Alterations - Multi Family			R3
Past Use:		Proposed Use:			Permit Fee: Cost of Works			
Three family dwelling	Same: Three fa	Same: Three family dwelling		\$40.00 \$2,000.00 INSPECTION:			7	
Proposed Project Description	:			1				
Interior remodeling cons	changes in room							
locations etc.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
	Action: Approved Approved Signature:				ved w/Cor			
Permit Taken By:	<u> </u>				Da			
bjs	Zoning Approval							
bjs 08/27/2013 1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation
Applicant(s) from n Federal Rules.				☐ 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 started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			☐ Flood Zone ☐ Subdivision		Condition	Conditional Use		Requires Review
					Interpre	Interpretation		Approved
			Site Plan		Approv	ed		Approved w/Conditions
	Maj Minor MM		Denied	☐ Denied		Denied		
			Date:		Date:		Date:	
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the own	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 appl cial's aut	licable laws of this horized representativ
SIGNATURE OF APPLICAN	Т		ADDF	RESS		DATE		PHONE