City of Portland, Maine -	- Building or Use 1	Permit Applicat	tion   Po	ermit No:	Issue Date:	CBL:	
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-01965		123 F007001	
Location of Construction: Owner Name:		Owner		ddress:		Phone:	
300 WOODFORD ST LEGERE DAY		NIEL K 346 W ME 0		OODFORD ST PORTLAND , 4103		ID,	
Business Name: Contractor Name Dan Legere		:	Contractor Address:			Phone:	
				WOODFORD ST PORTLAND 04103		ID (207) 321-5864	
Lessee/Buyer's Name Phone:			Permit Type:			Zone:	
				tions - Two F	R5		
Past Use: Proposed Use:			Permit l	ermit Fee: Cost of Work:		CEO District:	
Duplex Duplex				\$25.00 \$90		00.00 7	
			INSPEC	TION:			
Proposed Project Description:	1						
Replace/ Repair deteriorated w	porch	DEDECTRIAN A CONTINUES DISTRICT (D.A.			(D + D )		
	PEDESTRIAN ACTIVITIES DISTRICT (  Action: Approved Approved Approved			ed w/Conditions Denied			
			Sign	ature:		Date:	
Permit Taken By:		1	Zoning	Approval			
ldobson	08/26/2014				, <b></b>		
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Special Zone or Ro	eviews	Zoni	ng Appeal	Historic Preservation	
		Shoreland		☐ Varianc	e	Not in District or Landmar	
		Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void in within six (6) months of the	Flood Zone		Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		☐ Interpretation		Approved	
	Site Plan		Approved		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 or jurisdiction. In addition, if a per shall have the authority to enter such permit.	wner to make this appl rmit for work describe	lication as his authored in the application	at the pr rized age is issued	ent and I agree I, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative	
1							

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE