•	aine - Building or Use		Permit I		Issue Date:	CBL:
,	4101 Tel: (207) 874-8703	, Fax: (207) 874-8716	2014-	01156		128 H024001
Location of Construction: Owner Na		Own	vner Address:			Phone:
133 CLIFTON ST	SMALL BET		133 CLIFTON ST PORTLAND, ME 04103			E (207) 831-4296
Business Name:	Contractor Name	: Con	tractor Ad	dress:	Phone	
	Rainbow Conscrainbow@ma		150 Ocean House Road Cape Elizabeth ME 04107			eth (207) 799-3051
Lessee/Buyer's Name	Phone:	Pern	nit Type:		Zone:	
		Al	Alterations - Single Family			R3
Past Use:	Proposed Use:	· ·	Permit Fee: Cost of Work			CEO District:
Single Family	Same: Single l	· ·	\$320.00 \$30,000 INSPECTION:			0.00 5
Proposed Project Description:	with new cabinets, etc and wa	alle				
Kenovations of Kitchen v	vitil new cabinets, etc and wa		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.			4 D)
		Action: Approved Approved w/Co				
			Signature:			Date:
Permit Taken By:	Date Applied For: 05/29/2014		Zoning Approval			
	Special Zone or Reviews		Zoning Appeal		Historic Preservation	
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance		Not in District or Landmar
2. Building permits do septic or electrical w			Miscellaneous [Does Not Require Review	
3. Building permits are within six (6) month			Conditional Use		Requires Review	
False information mapermit and stop all w			☐ Interpretation		Approved	
			Approved		Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:	Date	e:		Date:
I have been authorized by jurisdiction. In addition,	the owner of record of the nay the owner to make this applif a permit for work describe to enter all areas covered by s	ication as his authorized d in the application is iss	e propose agent an aued, I ce	d I agree to rtify that th	o conform to al ne code official	ll applicable laws of this l's authorized representative
SIGNATURE OF APPLICAN	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN O				DATE	PHONE	