City of Portland, M	laine -	· Building or Use	Permit Applicat	tion	Pern	mit No:	Issue Date:		CBL:			
389 Congress Street, (	Fax: (207) 874-8	3716	20	13-02014			129 I003001					
Location of Construction: Owner			ner Name:			Owner Address:			Phone:			
4 BAY VIEW DR		ALLEN JONA	ALLEN JONAS M		4 BAY VIEW DR PORTLAND, MI 04103			, ME	(207) 636-6058			
Business Name:		Contractor Name	Contractor Name:			Address:	Phone					
			Bradford Post bradfordpost@gmail.com		700 Washington Ave #2 Portland ME 04103				(207) 653-9424			
Lessee/Buyer's Name		Phone:		Permit Type:					Zone:			
						ons - Single		R3				
Past Use:		Proposed Use:		Perm	nit Fee		Cost of Work:		CEO District:			
Single Family		Same: Single	Same: Single Family		\$420.00 \$40,000.00 5 INSPECTION:							
Proposed Project Description	1:			$\frac{1}{2}$								
Demo and rebuild of ex	A 11 (11) (1						_					
to pour a new foundation existing footprint	n unde	r garage and breezewa	y. All within the	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied								
			Signature: Date:									
Permit Taken By:		Date Applied For:					Zoning Approval					
bjs 09/09/2013			Special Zone or Reviews		Т	Zoning Appeal			Historic Preservation			
1. This permit applicate Applicant(s) from a Federal Rules.		es not preclude the applicable State and	Shoreland			☐ Variance			Not in District or Landman			
2. Building permits do not include plumbing, septic or electrical work.			Wetland			Miscellaneous			Does Not Require Review			
within six (6) mont		Flood Zone			Conditional Use			Requires Review				
False information r permit and stop all		alidate a building	☐ Subdivision			Interpretation			Approved			
			Site Plan			Approve	d		Approved w/Conditions			
	Maj Minor MM		]	Denied			Denied					
			Date:			Date:		Date:				
I hereby certify that I an I have been authorized be jurisdiction. In addition shall have the authority such permit.	y the o	wner to make this appl rmit for work describe	lication as his authord in the application	at the rized a is issu	prop agent ued, l	t and I agree I certify that	to conform to the code offic	all app cial's aut	licable laws of this thorized representative			
SIGNATURE OF APPLICAL	NT		ADDI	RESS			DATE		PHONE			