			PERMIT ISSUED							
City of Portland, Maine 389 Congress Street, 04101	_			11	rmit No: 01-1368	Issue Date	4 20	() CBL: 133 E0	10001	
Location of Construction:	Owner Name:		207) 071 071		r Address:					
59 Brentwood St Hubner John M &			reen A Its	Owner Address 59 Brentwood STY OF PORTLAND 797-5978						
Business Name:		Contractor Name:			Contractor Address:				Phone	
n/a	Coastal Restor	Coastal Restoration Services			PO Box 283 Cape Elizabeth			2077999777		
Lessee/Buyer's Name	Phone:			Permit Type: Alterations - Dwellings				Zone:		
n/a	n/a							R-5		
Past Use:	Proposed Use:		<u></u>	Permit Fee: Cost of Work:			rk:	CEO District:] <i>/~</i>	
Single Family	Single Family	/ Renair	fire damage	\$444.00 \$70,000.0						
					FIRE DEPT: Approved Use			PECTION: A e Group: // S Type: 5 F BUCK 1999 nature: TMVVSS		
Proposed Project Description:				┨	N			Descri		
Repair Fire Damage		Signat	• \		Signatu	re: T 11/1	1002			
Tropan The Bamage			PEDESTRIAN ACTIVITIES DISTR			TRICT (F	RICT (P.A.D.)			
				Action		proved Ap	opratiali w	Conditions	Denied	
				Signa	ture: —————			Date:		
Permit Taken By:	Date Applied For: 11/02/2001	Zoning Approval								
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews Shoreland		Zoning Appeal Variance			Historic Preservation Not in District or Landma		
2. Building permits do not include plumbing, septic or electrical work.			Wetland		☐ 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			ood Zone	Conditional Us				Requires Review		
			bdivisio	☐ Interpretation ☐ Approved ☐ Denied				Approved		
			e Plan					☐ Approved w/Conditions ☐ Denied		
			Minor MM							
	Date: //	Date: ////4/01			Date: ///4/8/		Date: ////////////////////////////////////			
I hereby certify that I am the o I have been authorized by the jurisdiction. In addition, if a p shall have the authority to ente such permit.	owner to make this appleermit for work describe	med pro ication a d in the	as his authorized application is in	ne prop d agen ssued,	t and I agre I certify th	ee to conform at the code of	to all ap	pplicable laws authorized repr	of this resentative	
SIGNATURE OF APPLICANT			ADDRES	S		DATI	3	РНО	NE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATI		PHO	NF.	