City of Portland, Maine - Bui	O			2014-02282	Issue Date:	CBL: 133 H010001	
389 Congress Street, 04101 Tel:	• •	, Fax: (207) 874-8					_
		E ROBERT W & H MACINTYRE	Owner Address: 19 THAXTER ST HINGHAM , MA 02043		Phone: (781) 749-1541		
Business Name:	Contractor Name	Contractor Name: C.W. Harmon Excavating, Inc.		actor Address: Richville Road	Phone: (207) 642-2018		
Lessee/Buyer's Name Phone:		one:		it Type:	Zone:		
Past Use:	Proposed Use:		Foundation Only/Residential Permit Fee: Cost of Work:		CEO District:		
Four (4) Family	_	Same: Four (4) Family				,950.00 7	
Proposed Project Description:				ection.			
For the replacement of a 48 foot sec	tion of foundation	n					
1 of the replacement of a 40 foot section of foundation		•••	PEDE	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved Approved w/Co					
D 4 M L D	which Form		Signature: Date:				
ermit Taken By: Date Applied For: 09/30/2014			Zoning Approval				
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. Building permits do not include plumbing, septic or electrical work. 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 		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation	_
		Shoreland		☐ Varianc	e	Not in District or Landm	ıar
		☐ Wetland		Miscella	aneous	Does Not Require Revie	w
		Flood Zone		Condition	onal Use	Requires Review	
		Subdivision	Interpret		tation	Approved	
		Site Plan		Approve	ed	Approved w/Conditions	
		Maj Minor MM		_ Denied		Denied	
		Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit is shall have the authority to enter all as such permit.	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agree aed, I certify that	to conform to the code offici	all applicable laws of this al's authorized representation	ve
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE	_

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE