City of Portland, I 389 Congress Street,		•			11	mit No: 01-0722	Issue Date		CBL:	E007001	
Location of Construction:		Owner Name:				Address:			Phone:		
		Baker Alison E			29 Hartley Portland Fe BORTLANDOY-780-6479						
Business Name:		Contractor Name:			Contractor Address: Phone						
n/a		n/a			n/a Portland						
Lessee/Buyer's Name		Phone:			Permit Type: Zone:						
n/a		n/a			Change of Use - Dwellings					12-5	
<u></u>		Proposed Use:	<u> </u>	Permit Fee: Cost of Work:			l	CEO District:			
		1	Davage un ta	reini	\$30.00 Cost of Work:						
Single Family		Single Family/ Home Daycare up to 10 Children			EIDE DEDE				SPECTION:		
		To Children			FIRE	DEP1:	Approved	Use G		220	
							Denied	Use G	10up. A 15	WE KALD	
								Bas	CRIP SON	1999	
		<u> </u>			4			l S	T KEN	BILLI	
Proposed Project Description:								M			
Change of Use to Day Care					Signature:			Signa	Theme NY for		
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					HA		
					Action: Approved Approved w/Conditions Defined						
								,			
					Signature:				Date:		
Permit Taken By:	Date A	Applied For: Zoning Approv						al			
gg	06/19/2001						, 11		,	·	
1. This permit application does not pr		preclude the	Special Zone or Revie		ews Zoning Appeal			Historic Preservation			
Applicant(s) from Federal Rules.	•	Shoreland			☐ Variance			Not in District or Landma			
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>			Wetland			Miscellaneous			☐ Does Not Require Review		
3. Building permits within six (6) mor			Flood Zone		Conditional Use			Requires Review			
False information permit and stop al		Subdivision		Interpretation				Approved			
			Si	te Plan		Approv	1 1	,	Approve	d w/Conditions	
			Maj <sub>.</sub> √	Minor MM	Denied 5/3/01			'	Denied .		
			Date:	Joe					Date:		
				<b>V</b> (* )	* '			139 HTIW	REQUIRE	JÉD MENTS	
			(	CERTIFICATI	ON						
I hereby certify that I a I have been authorized jurisdiction. In additionshall have the authority such permit.	by the owner to n, if a permit for	o make this appli or work describe	ication a	as his authorize application is i	d agen ssued,	t and I agree I certify that	to conform the code of	to all a ficial's	applicable la authorized i	iws of this representative	
SIGNATURE OF APPLICANT			ADDRESS		S	DATE		;	PHONE		
RESPONSIBLE PERSON I	N CHARGE OF V	VORK, TITLE					DATE			PHONE	

PERMIT ISSUED