City of Portland, Maine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Te	1: (207) 874-8703	Fax: (207) 874-8	3716	2014-00675		163A A016001	
Location of Construction:	Owner		r Address:	<del></del>	Phone:		
36 MORSE ST NELSON JOS		SEPH W 47 AL		ALICE CT POR	RTLAND, ME	04103	
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone		
	CBRN Inc.	CBRN Inc.		Alice Court Port	3 (207) 838-8256		
Lessee/Buyer's Name	Phone:	Phone:		it Type:	Zone:		
Past Use:	D 1 IV	Proposed Use:		w Two Family	Cost of Work:	R5 CEO District:	
Vacant Land -Permit #10-1349	_	Two Family - Build new 2 story				000.00   5	
expired Two Fam				INSPECTION:			
Proposed Project Description: Build new Two Family, each unit	3 bedroom, 2.5 Ba	ath No Garage -					
renew expired permit #10-1349		PEDESTRIAN ACTIVITIES DISTRIC		TIES DISTRICT	S DISTRICT (P,A.D.)		
				oved Approv	ved w/Conditions Denied		
					Date:		
*			Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	
		Shoreland		☐ Variano	ce	Not in District or Landmar	
2. Building permits do not incluse septic or electrical work.	☐ Wetland		Miscell	laneous	Does Not Require Review		
3. Building permits are void if w within six (6) months of the d	Flood Zone		Conditi	ional Use	Requires Review		
False information may invalid permit and stop all work	Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ved	Approved w/Conditions		
	Maj Minor MM		Denied		☐ Denied		
	Date:		Date:		Date:		
		CERTIFICA	ATION	1			
I hereby certify that I am the owner I have been authorized by the owner jurisdiction. In addition, if a permishall have the authority to enter all such permit.	er to make this appl it for work describe	lication as his authord in the application	rized a	gent and I agree led, I certify tha	e to conform to t the code offic	all applicable laws of this ial's authorized representative	
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE C	OF WORK, TITLE				DATE	PHONE	