City of Portland, N	Iaine - Buil	lding or Use	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street,		O		x: (207) 874-8716				176 F010001	
Location of Construction:		Owne	r Address:			Phone:			
418 WOODFORD ST		HEIKKINEN BREK L & TRAVIS BULLARD		420 WOODFORD ST PORTLAND ME 04103		D,	0, (207) 272-3898		
Business Name:		Contractor Name:		Contractor Address:				Phone	
				ME					
Lessee/Buyer's Name		Phone:		Permi	mit Type:			Zone:	
				Alterations - Two Family				R5	
Past Use:		Proposed Use:		Permit Fee:		Cost of Work:		CEO District:	
2 family dwelling		Same: 2 Famil	y dwelling				000.00 7		
				INSPECTION:					
Proposed Project Description									
Change south roof hip									
Minor change to roof l			ts - to remain	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
unconditioned space not for habitation			Action: Approved Appr		ved Approve	Date:			
Permit Taken By: Date Applied For:			<u> </u>						
bjs 07/12/2013			Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		listoric Preservation	
Applicant(s) from meeting applicable State and Federal Rules.			Shoreland		☐ Varianc	ee	Not in District or Landma		
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			☐ Wetland		Miscell	aneous	Does Not Require Review		
			Flood Zone		Conditi	Conditional Use		Requires Review	
False information permit and stop all	•	e a building	☐ Subdivision		Interpre	_ Interpretation		Approved	
			Site Plan		Approv	Approved		Approved w/Conditions	
	Maj Minor MM		Denied	☐ Denied		Denied			
	Date:		Date:	Date:		Date:			
I hereby certify that I as I have been authorized jurisdiction. In addition shall have the authority such permit.	by the owner t n, if a permit fo	o make this appl or work describe	ication as his authord in the application	nat the orized a	proposed work agent and I agree aed, I certify tha	e to conform to t the code offici	all appli al's auth	cable laws of this norized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	