City of Portland, Ma	ine - Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04	101 Tel: (207) 874-8703	3, Fax: (207) 874-8	3716	2014-02227		176 F010001	
Location of Construction: Owner Name:		Own		Address:		Phone:	
418 WOODFORD ST	HEIKKINEN	HEIKKINEN BREK L		420 WOODFORD ST PORTLAND, ME 04103		D,	
Business Name:							
Lessee/Buyer's Name	Phone:			it Type:	Zone:		
				inge of Use Ho	R5		
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:	
2 unit residential		2 Unit Residential with Home Occupation		\$224.00 ECTION:	\$10,00	00.00 7	
			11.101.1				
Proposed Project Description:			-				
. ,	76 - finish attic space & cha	ange of use to add a					
home occupation (media			EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
occupying the 2nd & 3rd	floors		A	Action: Approved Approved w/Conditions Denied			
		Signature:			Date:		
Permit Taken By: ldobson		Zoning Approval					
	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation		
	on does not preclude the eeting applicable State and	Shoreland		☐ Varianc		Not in District or Landmar	
2. Building permits do septic or electrical w			Miscell	aneous	Does Not Require Review		
3. Building permits are within six (6) months			Condition	onal Use	Requires Review		
False information mapermit and stop all w			Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I be with the second of the second	1	CERTIFICA			4 11.	4	
	the owner of record of the n					the owner of record and that all applicable laws of this	
jurisdiction. In addition, i	f a permit for work describe	ed in the application	is issu	ed, I certify that	t the code offici	al's authorized representative	
•	enter all areas covered by s	such permit at any re	asonal	ole hour to enfor	rce the provision	on of the code(s) applicable to	
such permit.							
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE	