City of Portland, M	aine -	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04	, Fax: (207) 874-	8716	2013-01764			177 B016001			
Location of Construction: Owner Name:				Owne	er Address:	<u> </u>		Phone:	
260 STEVENS AVE		STONE JUDI	STONE JUDITH T		260 STEVENS AVE PORTLAND 04103		D, ME	(207) 772-6678	
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
			Dave Keeney Builders Inc. dkbinc@roadrunner.com		9 Wildridge Rd. Standish ME 04084			(207) 642-2906	
Lessee/Buyer's Name		Phone:		Perm	it Type:	Zone:			
					erations - Two I		R5		
Past Use:		Proposed Use:		Perm	nit Fee:			CEO District:	
Two Family Dwelling Same:			Two Family Dwelling		\$40.00 \$ INSPECTION:		1,500.00 7		
Proposed Project Description Rebuild rotted front step		existing footprint							
Rebuild folled from step		PEDESTRIAN ACTIVITIES DISTRICT (F		(P.A.D.)					
		Action: Approved Approved w/0				nditions Denied			
	Signature:				Date:				
bjs Date Applied For: 08/09/2013				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zon	Zoning Appeal		Historic Preservation	
Applicant(s) from m Federal Rules.				☐ Variance		Not in District or Landmar			
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscell	Miscellaneous		Does Not Require Review	
3. Building permits are void if work is not sta within six (6) months of the date of issuan False information may invalidate a buildin			Flood Zone		Conditi	Conditional Use		Requires Review	
permit and stop all v	lidate a building	Subdivision		☐ Interpretation		Approved			
			Site Plan		Approx	ved		Approved w/Conditions	
			Maj Minor MM		Denied	Denied		Denied	
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the ow	ner to make this appl nit for work describe	ication as his authord in the application	hat the orized a	proposed work agent and I agreued, I certify that	e to conform to at the code office	all app cial's aut	licable laws of this thorized representative	
SIGNATURE OF APPLICAN	Т		ADD	RESS		DATE		PHONE	