City of Portland, Maine	- Building or Use	Permit Applicati	on Permit RERMITSSSS	UED   CBL:	
389 Congress Street, 04101			04 0766	177 1010001	
Owner Name:			Owner Address: " 1 2 5 2	Phone:	
209 Stevens Ave		Haron Scott G &		209 Stevens Ave	
Business Name:	Contractor Name:		Contractor Address: F PORTLAND Phone		
n/a	n/a		Portland		
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:	
n/a	n/a		Additions - Multi Family	K->	
Past Use:	Proposed Use:		Permit Fee: Cost of W	A STATE OF THE STA	
Multi Family / 4 Units	Multi Family / Add 11' x 26'			,000.00 3	
	bedroom to se	cond floor apartment	FIRE DEPT: Approved	INSPECTION:	
			☐ Denied	Use Group: Type:	
4 Legalints ? Proposed Project Description: Add 11' x 26' Bedroom to sec		schuse of the permit	Signature: HMM	Signature:	
No kotchen Facilit	ies permetten	V	PEDESTRIAN ACTIVITIES DI	STRICT (P.A.D.)	
Jos Para (Alexan	P		Action: Approved A	Approved w/Conditions Denied	
			Signature:	Date:	
Permit Taken By:	Date Applied For:		Zoning Appro	val	
gg	07/11/2002				
1. This permit application does not preclude the Applicant(s) from meeting applicable State and		Special Zone or Re  Shoreland	views Doning Appeal Variance	Historic Preservation  Not in District or Landman	
Federal Rules.		Annual State of the State of th			
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		☐ Wetland	Miscelaneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Flood Zone	Condi onal Use	Requires Review	
		Subdivision	Interpretation	☐ Approved	
		Site Plan	Approved	Approved w/Conditions	
		Maj Minor M	M Denved	☐ Denied	
		Date: Q7	Date	Date:	
		5-17	7102		
		CERTIFICA'	PION		
have been authorized by the curisdiction. In addition, if a p	owner to make this appl ermit for work describe	med property, or that ication as his authorized in the application is	t the proposed work is authorized agent and I agree to conform sissued, I certify that the code of	ed by the owner of record and that m to all applicable laws of this official's authorized representative ovision of the code(s) applicable to	
SIGNATURE OF APPLICANT		ADDR	ESS DA	TE PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE			DA	TE PHONE	

3-1909

Close in DM 8/6/02 - 4 nthe Rowe no junck recoverted, food expired SMIL