City of Portland, M	Iaine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					2014-01175			181 F001001	
Location of Construction:		Owner Address:		-		Phone:			
11 LEEMAN ST		BRALEY GRACE		11 LEEMAN ST PORTLAND, ME 04103		Е	(207) 774-1995		
Business Name:		Contractor Name:		Contractor Address:				Phone	
				ME					
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
				Change of Use - One and Two		ne and Two Fan	mily R5		
Past Use:		Proposed Use:				Cost of Work:		CEO District:	
•			e Family Home w/ ssory dwelling unit		\$105.00 ECTION:			7	
Proposed Project Descriptio	n:								
change of use to single									
kitchen, remove a door	h wall PE		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)  Action: Approved Approved w/Conditions Denied						
	Signature:			Date:					
Permit Taken By: Date Applied For:				Zoning Approval					
ldobson 05/30/2014									
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
			Shoreland		☐ Varianc	e	Not in District or Landman		
<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		Miscella Miscella	aneous	Does Not Require Review		
			Flood Zone		Condition	Conditional Use		Requires Review	
False information permit and stop all	-	a building	☐ Subdivision		Interpre	_ Interpretation		Approved	
			Site Plan		Approve	Approved [		Approved w/Conditions	
	Maj		Denied	☐ Denied		Denied			
	Date:		Date:	Date:		Date:			
			CERTIFICA	TION	I				
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	o make this appl or work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work i gent and I agree ed, I certify that	to conform to the code offici	all appl ial's autl	licable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	