City of Portland, M	aine - Bui	lding or Use l	Permit Applicat	tion	Permit No:	Issue Date:	CBL:		
389 Congress Street, 0	4101 Tel: ((207) 874-8703	Fax: (207) 874-8	3716	2014-01061		182 B017001		
Location of Construction: Owner Name				Owne	er Address:	-	Phone:		
272 LUDLOW ST		MARTIN LISA M		272 LUDLOW ST PORTLAND, 04102		ME (207) 400-7218			
Business Name: Lessee/Buyer's Name		Contractor Name:		Contractor Address:			Phone		
		Curt Peffer crpeffer@yahoo.com		174 Harding Bridge Rd Gorham ME 04038			IE (207) 749-7944		
		Phone:		Perm	it Type:	Zone:			
				Additions - Single Family			R3		
Past Use:		Proposed Use:	Permit		nit Fee:	Cost of Work:	CEO District:		
Single Family		Single Family		\$520.00 \$50,000.00 7 INSPECTION:					
Proposed Project Description	:								
Build one story addition	odel entire								
kitchen - construct deck	& 3' x 6.5'	3' x 6.5'		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				Action: Approved Approved w/C				i	
Permit Taken By: Date Applied For:			1	Signature: Date:					
bjs				Zoning Approval					
This permit application does not preclude the			Special Zone or Reviews		Zoni	ing Appeal	Historic Preservation	n	
Applicant(s) from meeting applicable Sta Federal Rules.			Shoreland		Variance	ce	Not in District or Lar	ıdmaı	
 Building permits do not include plumbing, septic or electrical work. 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 					Miscell	aneous	Does Not Require Re	Does Not Require Review	
					Conditi	Conditional Use			
					Interpre	etation	Approved		
					Approv	red	Approved w/Condition	ons	
			Maj Minor MM		Denied		Denied		
			Date:		Date:		Date:		
I have been authorized by jurisdiction. In addition,	y the owner if a permit f	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agreed aed, I certify that	e to conform to t the code offic	by the owner of record and all applicable laws of thicial's authorized represent on of the code(s) applical	is ative	
SIGNATURE OF APPLICAN	T		ADDI	RESS		DATE	PHONE		
-									