City of Portland, M	Iaine -	Building or Use 1	Permit Applicat	tion	Permit No:	Issue Date:		CBL:
389 Congress Street, 0)4101 T	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2014-01517			184 E003001
Location of Construction: Owner Name:				Owner Address:				Phone:
529 BRIGHTON AVE			WARING PAUL & CHRISTINE WARING JTS		529 BRIGHTON AVE PORTL ME 04102		√D,	(415) 407-1241
Business Name:								
Lessee/Buyer's Name		Phone:			Permit Type:			Zone:
					Alterations - Two Family			R5
Past Use:		_	Proposed Use:		it Fee: Cost of Works			
Two-Family Home		Two-Family H	Iome	\$80.00 \$		\$6,0	00.00	7
					INSPECTION:			
Proposed Project Descriptio	n:	<u> </u>						
Refurbish existing two	tial deck treads, all							
support posts, partial g	& fascia		PEDESTRIAN ACTIVITIES DISTRIC Action: Approved Approved Approved		TIES DISTRICT	CT (P.A.D.)		
					oved w/Conditions Denied			
		Signature:			Date:			
Permit Taken By: Date Applied For:				Zoning Approval				
dmc	07/11/2014			- 6 FF				
This permit application does not preclude the state of the state			Special Zone or R	eviews	Zoniı	ng Appeal		Historic Preservation
		applicable State and			☐ Variance	Variance		Not in District or Landma
2. Building permits d septic or electrical		lude plumbing,	Wetland		Miscella Miscella	Miscellaneous		Does Not Require Review
within six (6) mon		Flood Zone		Condition Condition	Conditional Use		Requires Review	
False information permit and stop all	•	lidate a building	Subdivision		Interpre	Interpretation		Approved
		Site Plan		Approve	Approved		Approved w/Conditions	
		Maj Minor MM		Denied	Denied		Denied	
		Date:		Date:	Date:			
			CERTIFICA	TION	AT			
I haraby contify that I an	a tha arri	nar of record of the no				is outhorized b	r, the or	unar of record and the
I hereby certify that I an I have been authorized by								
jurisdiction. In addition	, if a per	mit for work describe	d in the application	is issu	ied, I certify that	the code offic	ial's aut	horized representative
shall have the authority	to enter a	all areas covered by s	uch permit at any re	asonal	ble hour to enfor	ce the provisi	on of th	e code(s) applicable t
such permit.								
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE		PHONE