City of Portland, Ma	ine - Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04	101 Tel: (207) 874-8703	8, Fax: (207) 874-8	3716	2014-00030		186A D001001
Location of Construction: Owner N		wner Name:		vner Address:		Phone:
55 ELIZABETH RD		ANDERSON RICHARD W & LYNN W ANDERSON JTS		ELIZABETH RI 02	, ME (207) 747-5517	
Business Name:	Contractor Name	2:	Contractor Address:			Phone
	Daniel Fisher danielfisher20	Daniel Fisher danielfisher207@gmail.com		Longwood Drive	04102 (207) 939-5537	
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
				erations - Single		R3
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:
Single Family	Single Family	Single Family		\$110.00 \$9,000.00 INSPECTION:		00.00 6
Proposed Project Description:						
Kitchen remodel - remova						
by carrying beam			EDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
		Action: Approved App		ved Approve	ed w/Conditions Denied	
					Date:	
Permit Taken By: Date Applied For: 01/08/2014			Zoning Approval			
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
	eting applicable State and	Shoreland	☐ Variance		ee	Not in District or Landmar
2. Building permits do n septic or electrical wo	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are within six (6) months	Flood Zone		Conditi	onal Use	Requires Review	
False information mappermit and stop all wo	Subdivision		Interpre	etation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIO	N		
I have been authorized by jurisdiction. In addition, if	the owner to make this app a permit for work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work agent and I agreeded, I certify that	e to conform to t the code offici	y the owner of record and that all applicable laws of this tal's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CI	HARGE OF WORK, TITLE				DATE	PHONE