City of Portland, Maine	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2014-02706		187 A029001
Location of Construction:	Owner Name:		Owne	er Address:	-	Phone:
30 CRAIGIE ST		RUSSELL CARL A JR & MARGARET S RUSSELL JTS		CRAIGIE ST PO 02		
Business Name:						
Lessee/Buyer's Name	e/Buyer's Name Phone:		Permit Type:		Zone:	
			Change of Use Home Occupation			R3
Past Use:	Proposed Use:	Proposed Use:		ermit Fee: Cost of Work:		CEO District:
Single Family Home		Single Family Home with a home occupation		\$250.00	\$0.0	0 6
Proposed Project Description: Home Occupation for Professi	es	PEDF	ESTRIAN ACTIVIT	TIES DISTRICT (P.A.	D.)	
		Action: Approved Approved Approved Action:				
					Date:	
Permit Taken By: dmc		Zoning Approval				
1. This permit application do	bes not preclude the	Special Zone or Reviews		Zonir	ng Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		Variance	2	Not in District or Landmark
 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 		Wetland		Miscella	neous	Does Not Require Review
		Flood Zone		Conditio	onal Use	Requires Review
		Subdivision		Interpret	ation	Approved
		Site Plan		Approve	ed	Approved w/Conditions
		Maj 🗌 Minor 🗌 🛛	MM 🗌	Denied		Denied
		Date:		Date:	D	ate:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
DECONICIDI E DEDCON IN CUADCE OF WORK TITLE		DATE	DUONE