City of P	ortland, Maine	e - Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congr	ess Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	3716	2013-02233		192 I008001
Location of Construction: Owner Name:			Own		r Address:		Phone:
138 WOLCOTT ST		JEPSON SHE	JEPSON SHEILA C		WOLCOTT ST 02	ME (207) 775-9009	
Business Name:		Contractor Name	Contractor Name:		actor Address:	Phone	
		Keith Samara	Keith Samara		New Portland R 38	(207) 749-0737	
Lessee/Buyer's Name		Phone:			it Type:	Zone:	
					ditions - Single l		R3
Past Use:		Proposed Use:	_		Permit Fee: Cost of Work:		CEO District:
Single Family		Same: Single I	Same: Single Family		\$150.00 \$12,500. INSPECTION:		00.00 6
Proposed Pro	eject Description:						
an 8' X 8' r	nudroom to our ho	me.					
				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.			(P.A.D.)
				Action: Approved Approved Approved		ved Approv	ed w/Conditions Denied
				S	ignature:		Date:
Permit Taken By: Date Applied For: 10/03/2013				Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applic		ag applicable State and	Shoreland		☐ Varianc	ee	☐ Not in District or Landmar
	ng permits do not i or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. 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			Flood Zone		Condition	onal Use	Requires Review
			Subdivision		Interpre	etation	Approved
			Site Plan		Approv	ed	Approved w/Conditions
			Maj Minor MM		Denied		☐ Denied
			Date:		Date:		Date:
I have been jurisdiction	authorized by the . In addition, if a p he authority to enter	owner to make this appleermit for work describe	lication as his authord in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify that	e to conform to t the code offici	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE
RESPONSIB	LE PERSON IN CHAR	RGE OF WORK, TITLE				DATE	PHONE