		PERMIT ISS							
City of Portland, Maine 389 Congress Street, 0410	•		on	mit No: 01-1278	Issue Date:	CBL 19	2: 94 C063001		
Location of Construction:	Owner Name:	Owner Name:		Owner Addres: Phone:			,		
70 Frost St Shunk		Sasha M &		70 Frost St CITY OF PORTLA 719-6244					
Business Name:	Contractor Name	Contractor Name: no contractor/self  Phone:		Contractor Address: Phone n/a n/a					
	no contractor/s								
Lessee/Buyer's Name	Phone:			Permit Type:			Zone:		
				Alterations - Dwellings					
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:		
Single Family	1 *	Single Family		\$42.00 \$3,000.00 3					
				FIRE DEPT: INSPECTION:					
		• .			Demed		Type:51.		
Proposed Project Description:			_	1 - 1 1	1	1200	Ci 47 (		
Finish 2nd Floor - 3 Bedroom	ms & 1 Bath		Signat	ture:	S	Signature:			
				PEDESTRIAN ACTIVITIES DISTR			CT (P.A.D.)		
				Action: Approved Approved Approved			ed w/Conditions Denied		
			Signa	Signature:		Date:			
Permit Taken By: dgc	Date Applied For: 10/19/2001	<b>I</b>			Zoning Approval				
		Special Zone or Re	views	Zoning Appeal		Historic Preservation			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State an Federal Rules.</li> </ol>		Shoreland		☐ Variance		[] Not in	Not in District or Landma		
Building permits do not septic or electrical work		Wetland		Miscellaneous		Does Does	Does Not Require Review		
3. Building permits are voi within six (6) months of		Flood Zone		Conditional Use		Requ	Requires Review		
False information may in permit and stop all work		Subdivision		lnterpretation		Appro	Approved		
	Site Dan		Approved		Appro	Approved w/Conditions			
34	Maj Minor MM Den		Denied	Denied		ed .			
34.23 60 69	80	Date: 10/19	<u>.                                    </u>	Date: 14	<i>11</i>	Date: f O	119 1		
I hereby certify that I am the I have been authorized by the	owner to make this appl	ication as his authori	t the prop zed agen	t and I agree to	o conform to	all applicable	e laws of this		
jurisdiction. In addition, if a shall have the authority to ent such permit.									
SIGNATURE OF APPLICANT	ADDRESS		DATE			PHONE			
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE					DATE	PHONE			

11/2/01 Framing MSP & Close in-Need to add wiring for smoke Let. Need to remove piece of trim in order to Much egress window requirement. Went over W/norme owner. T.M.

8/08/87 close o w/o food smb