City of Portland, Maine - Building or Use Permit Applicate 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8					Permit No:	Issue Date:		CBL:
					2013-01708			210 B011001
<b>Location of Construction:</b>		Owner Name:	Owner Address:		<del>-</del>		Phone:	
110 COBB AVE		RAYMOND JUDITH P		PO BOX 36 FRYEBURG, ME 040		1037	37 (207) 252-9774	
Business Name:		Contractor Name:		Contractor Address:			Phone	
				ME				
Lessee/Buyer's Name		Phone:		Permit Type:			Zone:	
				Change of Use - One and Two Famil			nily	y R2
Past Use:		Proposed Use:		Perm	it Fee:			CEO District:
•			Single Family home with an accessory apartment		\$595.00 ECTION:			6
Proposed Project Descriptio	n:							
Building two story, two	accessory							
apartment above attach		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
	Action: Approved Approved w/							
2 4 5 2						ite:		
Permit Taken By: Date Applied For: 08/05/2013				Zoning Approval				
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation
			Shoreland		☐ Varianc	ee	Not in District or Landma	
<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			☐ Wetland		Miscell	aneous	Does Not Require Review	
			☐ Flood Zone		Conditi	Conditional Use		Requires Review
False information permit and stop all	e a building	☐ Subdivision		Interpre	_ Interpretation		Approved	
			Site Plan		Approv	Approved		Approved w/Conditions
	Maj Minor MM		Denied	Denied		Denied		
	Date:		Date:	Date:		Date:		
I hereby certify that I an I have been authorized by jurisdiction. In addition shall have the authority such permit.	by the owner to, if a permit for	to make this appl or work describe	ication as his authord in the application	nat the rized a is issu	proposed work gent and I agree ed, I certify tha	e to conform to a	all appl al's aut	licable laws of this horized representative
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE