City of Portland, M	aine - B	uilding or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 0	, Fax: (207) 874-8	3716	2014-00968		224A A019001		
Location of Construction: Owner Name:				Owne	er Address:	-	Phone:
716 BRIGHTON AVE		LAWRENCE	LAWRENCE JOHN P		BREAKWATE JTH PORTLAN	j	
Business Name: Lessee/Buyer's Name		Contractor Name	Contractor Name:		ractor Address:	Phone	
		Joe Curran jfcnor@aol.co	Joe Curran jfcnor@aol.com		Box 8779 Portla	(617) 759-5816	
		Phone:	Phone:		it Type: erations - Single	Zone:	
Past Use:		Proposed Use:	Proposed Use:		it Fee:	CEO District:	
Single Family		Same: Single l	Family		\$1,620.00	Cost of Work: \$160,0	
					INSPECTION:		
Proposed Project Description	:	•					
Cosmetic restoration of	No structural						
repairs or modifications	required.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				wed w/Conditions Denied			
D	ln. (. A . P. 17	Applied Four		ignature:	Date:	
Permit Taken By: bjs	Date Applied For: 05/08/2014 Zoning Approval						
This permit application does not preclude the			Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from n Federal Rules.			Shoreland	Shoreland		ee	Not in District or Landm
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	aneous	Does Not Require Revie
3. Building permits are within six (6) month	late of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	onal Use	Requires Review	
False information nepermit and stop all	late a building			Interpre	etation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I have been authorized by jurisdiction. In addition,	y the own	er to make this appl it for work describe	ication as his autho d in the application	nat the rized a is issu	proposed work agent and I agree aed, I certify tha	e to conform to t the code offic	by the owner of record and the pall applicable laws of this cial's authorized representation of the code(s) applicable
SIGNATURE OF APPLICAN	T		ADD	RESS		DATE	PHONE
SIGNATURE OF APPLICAN	T		ADDI	RESS		DATE	PHONI