City of Portland, Main	e - Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 0410	1 Tel: (207) 874-8703	Fax: (207) 874-8	3716	2014-00505		225 C036001
Location of Construction: Owner Name: SHAHED SA				ner Address:		Phone:
				YINDING WAY 2	9, ME (207) 233-8785	
Business Name:	Contractor Name	Contractor Name:		ctor Address:	Phone	
	Dube Plus	Dube Plus jim@dubeplus.com		ricketts Mill Ro 1	H (603) 329-5077	
		1				
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Single Family			Zone: R3
Past Use:	Proposed Use:	Proposed Use:		t Fee:	CEO District:	
Single Family		Same: Single Family		it Fee: Cost of Work: \$270.00 \$25,000.0		
		INSPECT		CTION:		
Proposed Project Description: Remodel after water damage	e. Replacing drywall and	insulation.				
flooring, and repainting. Ne	·· ·· · · · · · · · · · · · · · · · ·	PEDESTRIAN ACTIVITIES DISTRIC		TIES DISTRICT (CT (P.A.D.)	
				ved Approv	ed w/Conditions Denied	
			Sig	gnature:		Date:
ermit Taken By: bjs Date Applied For: 03/14/2014			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Variano	e	Not in District or Landmar
Building permits do not septic or electrical work	☐ Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are volume within six (6) months of	Flood Zone		Conditi	onal Use	Requires Review	
False information may i permit and stop all work	Subdivision		Interpre	tation	Approved	
	Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	ATION			
I hereby certify that I am the I have been authorized by the jurisdiction. In addition, if a shall have the authority to en such permit.	e owner to make this appl permit for work describe	amed property, or the lication as his authored in the application	nat the prized as	proposed work gent and I agree ed, I certify tha	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHA	RGE OF WORK, TITLE				DATE	PHONE