City of Portland, M	laine - Bui	lding or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Fax: (207) 874-8	3716	2014-00671			228 C003001			
Location of Construction:		Owner Name:	Owne	Owner Address:		P	Phone:		
48 PARTRIDGE CIR		BILYEU-HODROFF MELISSA		48 PARTRIDGE CIR PORTLAND, ME 04102			D,		
Business Name: Lessee/Buyer's Name		Contractor Name:			Contractor Address:			hone	
		Mark Kazilionis frametofinishllc@gmail.com		790 Duck Pond Rd Westbrook ME 04092			Ε ((207) 899-6418	
		Phone:	Phone:		it Type:		Zone:		
				Alterations - Single Family				R2 RPZ	
Past Use: Single Family		Proposed Use: Same: Single 1	F	Perm	Permit Fee: Cost of Work \$80.00			EO District:	
zg.c r uning		Sume: Single 1 timiny		\$80.00 \$6,000.00 6 INSPECTION:					
Proposed Project Description	n:								
Reconfigure master bath	m within existing								
shell.				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
				ved w/Condit Date:					
Permit Taken By: Date Applied For:			1	<u> </u>					
bjs		Zoning Approval							
bjs 04/08/2014 1. This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from r Federal Rules.			Shoreland		☐ Varianc	☐ Variance		ot in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		oes Not Require Review	
3. Building permits are void if work is not so within six (6) months of the date of issuar False information may invalidate a building permit and stop all work			e.		Condition	Conditional Use		Requires Review	
					☐ Interpretation		Approved		
			Site Plan		Approve	ed	A _j	pproved w/Conditions	
	Maj Minor MM		Denied	Denied		Denied			
			Date:		Date:		Date:		
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner if a permit f	to make this appl or work describe	lication as his authored in the application	at the rized a is issu	proposed work a gent and I agree aed, I certify that	e to conform to t the code offic	all applic	able laws of this orized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	