				PERMITISS	E	
City of Portland, Maine 389 Congress Street, 04101	•		) 01 0001	Issue Date:	CBL: 333-E-5,6,7	
Location of Construction:	Owner Name:	, rax. (207) 074-07	Owner Address:	APR 2 8 20	Phone:	
138 Milton St		Grassi Richard & Vicki Jts				
Business Name:	Contractor Name		138 Milton St Contractor Address:	ATY OF PORT	AND	
Business Name.				t Doutland	2077979531	
Lessee/Buyer's Name		David Dipietro Phone:		221 Virginia Street Portland2077Permit Type:		
Lessee Buyer's Name	Phone:		Change of Use H	Iome Occupation	$R^{\text{Zone:}}$	
Past Use:	Proposed Use:		Permit Fee: Cost of Work: CEO District:			
Single Family Home		Single Family w/home occupation:		\$12,000.00	5	
hain aalan		story addition for o No incre PrAn hai Dryers		Approved INSP Denied	ECTION: Group R-3 Type 5B BOLA 1999	
Proposed Project Description:			⊣ /^//`			
$\Sigma_{f,c}^{*} \mathbb{R}$ w/home occupation: add	352 sq ft 1 story additio	on for hair salon	Signature:			
Permit Taken By:	Date Applied For:	Applied For:		Zoning Approval		
ldobson	04/08/2004				1	
		Special Zone or Rev	iews Zoning Appeal		Historic Preservation	
		Shoreland			Not in District or Landmark	
		Wetland Miscellaneous		neous	Does Not Require Review	
		Flood Zone	Conditio	nal Use	Requires Review	
		Subdivision	[] Interpret	ation	Approved	
		Site Plan	Approved	d	Approved w/Conditions	
		Maj Miñor Mi	M Denied		Denied	
		Date: AZCO	Date:	<u>}</u>	Date:	

## CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this iurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative staff have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to staff permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE