Cit	y of Portland, Maine	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101	Tel: (207) 874-8703	, Fax: (207) 874-8	716	2014-01606		292 C008001
Location of Construction: Owner Name:					er Address:	Phone:	
124	1241 FOREST AVE MIKE ADAM		IS	1241 FOREST AVE PORTLAND, ME 04103		IE (207) 801-0101	
Busi	ness Name:						
Lessee/Buyer's Name Phone:		Phone:			it Type:	Zone:	
					erations - Single	B2	
Past	Jse: Proposed Use:		Permit F		nit Fee:	Cost of Work:	CEO District:
Single Family S		Single Family	Single Family		\$36.00	\$2,000.	00 8
Proposed Project Description: Add knee walls in part of 3rd floor, add bathroom to e room on 3rd floor and reconfigure locaton of a couple house.					ESTRIAN ACTIVI	TIES DISTRICT (P.A	A.D.) v/Conditions Denied
			Signat		ignature:		Date:
		Date Applied For: 07/21/2014	Zoning Approval				
1.	This permit application do	pes not preclude the	Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
1.	Applicant(s) from meeting Federal Rules.		Shoreland		Uarianc	e	Not in District or Landmark
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous		Does Not Require Review
3.	Building permits are void within six (6) months of the second sec	he date of issuance.	Flood Zone	Flood Zone		Conditional Use	
	False information may inv permit and stop all work	Subdivision		Interpre	tation	Approved	
			Site Plan		Approv	ed	Approved w/Conditions
			Maj 🗌 Minor 🗌 MM 🗌] Denied		Denied
			Date:		Date:	1	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 jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall 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 such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
DECONICIDI E DEDCON IN CUADCE OF WORK TITLE		DATE	DUONE