City of Portland, Maine - Building or Use Permit Applica					Permit No:	Issue Date:		CBL:	
389 Congress Street, 04	4101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	3716	2013-02726			300 B061001	
Location of Construction:	Owner Name:	wner Name:		Owner Address:			Phone:		
143 BELFORT ST		LONG MARGARET A & SHANE D LONG JTS			143 BELFORT ST PORTLAND, ME 04103			(207) 419-9915	
Business Name:		Contractor Name:			Contractor Address:			Phone	
		Aaron Aspinall		PO Box 6243 Cape Elizabeth ME 04107			(207) 615-8814		
		aaronaspinall@	@yahoo.com						
Lessee/Buyer's Name		Phone:		Permit Type:				Zone:	
Past Use:		Proposed Use:			Additions - Single Family  Permit Fee: Cost of Work:			R3 CEO District:	
Single Family		Single Family		rerii		\$100.00 \$8,000.0			
Single 1 anniy				INSP	ECTION:	*		Ü	
Proposed Project Description			ot 12' v 26' dools						
Frame opening to connect with slider door from liv		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)							
	Action: Approved Approved Approved			u w/Con	ditions Denied				
	Signature:				Date:				
Permit Taken By: bjs		Zoning Approval							
			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from m			Shoreland		☐ Varianc	☐ Variance ☐		Not in District or Landman	
Federal Rules.  2. Building permits do not include plumbing,			☐ Wetland		☐ Miscella	Miscellaneous		Does Not Require Review	
septic or electrical work.  3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	Conditional Use		Requires Review	
False information m		☐ Subdivision		Interpre	☐ Interpretation ☐		Approved		
-			Site Plan		Approved		Approved w/Conditions		
	Maj Minor MM		☐ Denied	☐ Denied		Denied			
			Date:		Date:		Date:		
					L				
			CERTIFICA	ATION	N				
I hereby certify that I am I have been authorized by jurisdiction. In addition, shall have the authority to such permit.	the owner to	o make this appl or work describe	lication as his authord in the application	rized a is issu	agent and I agree ued, I certify that	to conform to a t the code official	all appl al's aut	icable laws of this horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE