City of Portland, M	laine -	Building or Use 1	Permit Applica	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 87					2013-01383			310 B023001	
Location of Construction: Owner Name:				Owne	r Address:	Address:		Phone:	
45 LANE AVE		ҮЕВОАН ВА	YEBOAH BARBARA C		83 NORTHERN OAKS DR RAYMOND, ME 04071			(207) 428-3326	
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
		Hank St Pierre	Hank St Pierre		82 Northern Oaks Drive Raymond ME 04071			(207) 428-3392	
Lessee/Buyer's Name		Phone:		Permi	Permit Type:			Zone:	
					Additions - Single Family			R3	
Past Use:		_	Proposed Use:		it Fee: Cost of Work:		CEO District:		
Single Family		Single Family	Single Family		\$70.00 \$5,000.00 INSPECTION:			8	
Proposed Project Description									
Build 5' dormer to add b									
			PEDESTRIAN ACTIVITIES D		FIES DISTRICT	STRICT (P.A.D.)			
		Action: Approved Approved w/C				nditions Denied te:			
Permit Taken By: Date Applied For:									
bjs						Zoning Approval			
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		applicable State and	Shoreland		☐ Varianc	☐ Variance		Not in District or Landman	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscella	Miscellaneous		Does Not Require Review	
3. Building permits ar within six (6) mont	date of issuance.	☐ Flood Zone ☐ Subdivision		Condition	Conditional Use		Requires Review		
False information repermit and stop all	lidate a building			Interpre	☐ Interpretation ☐		Approved		
			Site Plan		Approve	ed		Approved 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 to such permit.	y the ow , if a peri	ner to make this appl nit for work describe	ication as his authord in the application	hat the orized a n is issu	proposed work a gent and I agree ed, I certify that	to conform to the code office	o all appl cial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICAN	NT		ADD	RESS		DATE		PHONE	