City of Portland, Maine - Building or Use Permit Applicat				Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (2	0			2014-01320		338 J002001	
Location of Construction:		Owner Address:		Phone:			
29 EASTLAWN RD HILL HUGH JTS				EASTLAWN RD PORTLAND, ME 103			
Business Name: Contractor		or Name:		actor Address:	Phone:		
Yankee Restor		ation 45 Austin Street F		Austin Street POl	RTLAND ME 04	4103 (207) 854-8400	
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Additions - Single Family			R3	
Past Use: Proposed Use:			Perm	rmit Fee: Cost of Work:		CEO District:	
Single Family Home Single Family		Home		\$630.00	\$61,000	0.00	
Proposed Project Description:			INSPI	ECTION:			
add a full gable dormer on rear & ren	or						
add a full gable dofflier on real & ren	OI .	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved w/Cond					
		Signature:			Date:		
	Date Applied For: 06/16/2014			Zoning Approval			
This permit application does not preclude the		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance	е	Not in District or Landman	
2. Building permits do not include particle or electrical work.	☐ Wetland		☐ Miscella	nneous	Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work		Flood Zone		Condition	onal Use	Requires Review	
		Subdivision		☐ Interpre	tation	Approved	
	Site Plan		Approve	ed	Approved w/Conditions		
	Maj Minor MM		Denied		Denied		
	Date:		Date:		Date:		
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work in agree and I agree along that	to conform to all the code official	l applicable laws of this l's authorized representative	
SIGNATURE OF APPLICANT		ADDF	RESS		DATE	PHONE	