City of Portland, Maine - Building or Use Permit Applicat				Permit No: Issue Date:		CBL:		
389 Congress Street, 04101 Te	el: (207) 874-8703	, Fax: (207) 874-8	3716	2013-02773			345 A001001	
Location of Construction: 174 PLYMOUTH ST	RAH E	174	wner Address: 174 PLYMOUTH ST PORTLAND, ME 04103		Э,	Phone: (207) 671-0636		
Business Name: Contractor Nam Benjamin Lo ben@cairnbu		e	Contractor Address: 121 Peter Vier Road Durham ME 042)4222	Phone (207) 749-2567		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type: Alterations - Single Family			Zone:	
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:			CEO District:	
Single Family	Same: Single I	Family	INSP	\$470.00 ECTION:	\$45,000.00		8	
Proposed Project Description:	I							
Renovating second floor; constru								
Constructing new bathroom on se	ng. No work on	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)						
first floor.				Action: Approved Approved w/Conditions Denied				
				Signature: Da			te:	
	te Applied For: 2/20/2013	Zomig Approvar						
1. This permit application does not preclude the		Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Varianc	Variance		Not in District or Landman	
2. Building permits do not incluseptic or electrical work.	☐ Wetland		Miscella	Miscellaneous		Does Not Require Review		
3. Building permits are void if within six (6) months of the	Flood Zone		Condition	Conditional Use		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		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 the owned I have been authorized by the owr jurisdiction. In addition, if a permishall have the authority to enter all such permit.	ner to make this appl nit for work describe	ication as his authord in the application	at the rized a is issu	proposed work in agreed and I agreed and I certify that	to conform to	all appl al's autl	icable laws of this horized representative	
SIGNATURE OF APPLICANT		ADD	RESS		DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE