Cit	y of Portland, Maine - Buil	lding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874					2014-02831		347 C014001	
Loca	tion of Construction:		Owne	er Address:	-	Phone:		
145 HENNESSY DR		BRIGGS MARIE E & DELLA S RAYMOND JTS		145 HENNESSEY DR PORTLANI ME 04103		ND, (207) 671-4198		
Busii	ness Name:							
Lesse	ee/Buyer's Name	Phone:		Permit Type:			Zone:	
				Additions - Single Family			R3	
Past		Proposed Use:				Cost of Work:	CEO District:	
Sin	gle-Family Home	Same: Single-Family Home		INSP	\$718.00 ECTION:	00.00		
				ENSI ECTION.				
_	osed Project Description:							
	w construction of a full dormer (32)							
Clea	ate two (2) bedrooms, one (1) new	bathroom, and closet space.		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
				Action: Approved Approved w/			ed w/Conditions Denied	
				S	Signature:		Date:	
Pern dm	nit Taken By: Date Ap		Zoning Approval					
1.	This permit application does not	preclude the	Special Zone or Reviews Shoreland		Zon	ing Appeal	Historic Preservation	
1.	Applicant(s) from meeting application Federal Rules.				☐ Variand	ce	☐ Not in District or Landmar	
2.	Building permits do not include septic or electrical work.	Wetland		Miscell	laneous	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		Conditi	ional Use	Requires Review	
			☐ Subdivision		Interpre	etation	Approved	
			Site Plan		Approx	ved	Approved w/Conditions	
			Maj Minor MM] Denied	I	Denied	
			Date:		Date:		Date:	
			CED TIVE CA	TTO				
T 1	h	5	CERTIFICA			:	. 41	
	reby certify that I am the owner of we been authorized by the owner t							
juris	diction. In addition, if a permit for	or work describe	ed in the application	is issu	ued, I certify tha	at the code offici	al's authorized representative	
	I have the authority to enter all are	eas covered by s	uch permit at any re	asona	ble hour to enfo	orce the provision	on of the code(s) applicable to	
suci	permit.							
SIGNATURE OF APPLICANT			ADDRESS			DATE	PHONE	
RES	PONSIBLE PERSON IN CHARGE OF W	VORK, TITLE				DATE	PHONE	