City of Portland, M	Iaine	- Building or Use	Permit Applicat	tion	Permit No:	Issue Date:		CBL:	
389 Congress Street, 0	Tel: (207) 874-8703	3, Fax: (207) 874-8	3716	2013-01538			353 A010001		
Location of Construction:		Owner Name:	Owner Name:			====		Phone:	
1842 WASHINGTON AVE			ROBERTS KEVIN T & MARGARET A ROBERTS JTS			1842 WASHINGTON AVE PORTLAND, ME 04103			
Business Name:		Contractor Name	Contractor Name:		Contractor Address:			Phone	
					Ξ				
Lessee/Buyer's Name		Phone:	Phone:		Permit Type:			Zone:	
		D 111	D 111		Alterations - Single Family Permit Fee: Cost of Work:			R3	
Past Use: Single Family		Proposed Use: Same: Single	Family	Perm	Permit Fee: Cost of V		rk: CEO District: 8		
,		Same: Single			INSPECTION:				
Proposed Project Descriptio	n:								
Remodel kitchen, remo	ving room - remove	g room - remove							
chimney & change win	dow siz	ces		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
		Action: Approved Approved w			ved w/Con				
Permit Taken By: Date Applied For:				Signature:			Dai		
bjs	07/18/2013	Zoning Approval							
This permit application does not preclude the			Special Zone or Reviews		Zoni	Zoning Appeal		Historic Preservation	
		g applicable State and			☐ Variano	☐ Variance		Not in District or Landman	
2. Building permits d septic or electrical		☐ Wetland		Miscell	Miscellaneous		Does Not Require Review		
3. Building permits at within six (6) month		if work is not started ne date of issuance.	☐ Flood Zone ☐ Subdivision		Conditi	☐ Conditional Use ☐ Interpretation ☐		Requires Review	
False information permit and stop all		ralidate a building			Interpre			Approved	
			Site Plan		Approv	ed		Approved w/Conditions	
		Maj Minor MM		Denied	☐ Denied		Denied		
			Date:		Date:		Date:		
I hereby certify that I an I have been authorized b jurisdiction. In addition shall have the authority such permit.	y the o , if a pe	wner to make this apportunit for work describe	lication as his authored in the application	at the rized a is issu	proposed work agent and I agreeded, I certify that	e to conform to t the code office	o all appl cial's autl	icable laws of this norized representative	
SIGNATURE OF APPLICA	NT		ADDF	RESS		DATE		PHONE	