	ty of Portland, Main	O			Permit No:	Issue Date:		CBL:	
	Congress Street, 0410		03, Fax: (207) 874-8		2014-00489			389 A004001	
	ation of Construction: O ALICE ST		Owner Name: ENGLUND ANNA LOUISE & MARK T ARIENTI JTS Contractor Name: Tucker Woods twoods@securespeed.net		Owner Address: 110 ALICE ST PORTLAND, ME 04103 Contractor Address: 22 Cobbs Bridge Rd New Gloucester ME 04760			Phone: (207) 712-1359	
Bus	iness Name:	Tucker Woo						Phone (207) 577-6119	
Less	see/Buyer's Name	Phone:		Permit Type: Amendment to Single Family				Zone:	
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:		
Sir	ngle family	Single famil	y	INSP	\$30.00 ECTION:	\$1,000.00		8	
	posed Project Description:								
	nend 2013-02626 to elimin		nd instead place						
egi	ress window in southeast ş	gabie.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied				
				S	ignature:		Da	te:	
Peri bj	nit Taken By: S	Date Applied For: 03/12/2014				Zoning Approval			
1.	This permit application does not preclu		Special Zone or R	Special Zone or Reviews		Zoning Appeal		Historic Preservation	
	Applicant(s) from meeti Federal Rules.		d Shoreland		Variano	ce		Not in District or Landmar	
2.	Building permits do not septic or electrical work		Wetland	Wetland		aneous	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		l Flood Zone	Flood Zone		onal Use	Requires Review		
			Subdivision		Interpre	etation	Approved		
			Site Plan	Site Plan		Approved		Approved w/Conditions	
			Maj Minor	Maj Minor MM		☐ Denied		Denied	
			Date:	Date:		Date:		Date:	
	ereby certify that I am the			at the	proposed work				
juri sha	we been authorized by the sdiction. In addition, if a ll have the authority to enth permit.	permit for work descri	bed in the application	is issu	ied, I certify tha	t the code offic	ial's aut	horized representative	
SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE