Cit	y of Portland, Maine	- Build	ling or Use Po	ermit A	Application	Pe	ermit No:	Issue Dat	te:	CBL:	
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		06-0017			407 D00	6001
Location of Construction: Owner Name:			1		Owner Address:			Phone:			
195 RAY ST			PEIGHTAL PATRICIA M			195 RAY ST					
			Contractor Nan	Contractor Name:			Contractor Address:			Phone	
Lessee/Buyer's Name Phone:					Permit Type: Change of Use Home Occupatio			oation		Zone:	
Past	t Use:		Proposed Use:		<u> </u>	Permit Fee: Cost of Work:				CEO District:	
	gle Family Home		-	Home w/ home		\$225.00		\$225.00		4	
• • •			occupation -tra			FIRE DEPT: Approved II		INSPEC	ISPECTION: Jse Group: Type		
Prop	posed Project Description:		I								
Sin	igle Family Home w/ home	e occupa	tion -travel agen	су		Signature: Sign		Signatu	nature:		
				•		PEDESTRIAN ACTIVITIES DISTRICT			TRICT (I	(P.A.D.)	
					Action: Approved Approv		proved w	ed w/Condition Denied			
						Signa	ature:			Date:	
Permit Taken By: Date Applied Fildobson 12/29/2005				Zoning Approval			ıl				
1	This permit application	preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
1.	 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 			Shoreland		Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			☐ Does Not Require Revie		
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 Zon		Conditional Us			Requires Review			
			Subdivision			☐ Interpretatio			Approved		
			Site Plan			Approved			Approved w/Condition		
			Maj Minor MM			☐ Denied			☐ Denied		
				Date:	Date:		Date:		Da	Date:	
I hay juris shal	reby certify that I am the over the context of the secondary of a partition. In addition, if a partition of the authority to entuch permit.	owner to permit fo	o make this appli r work described	med procession and the second	as his authorized application is iss	e pro l agen ued, l	nt and I agree I certify that t	to conform he code offi	to all ap cial's au	plicable laws of thorized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRESS	<u> </u>		DATI	E	p'	HO
SIG	INATURE OF APPLICAN				ADDRESS	•		DATI	Ė	Ρ.	но

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:
195 RAY ST	PEIGHTAL PATRICIA M	195 RAY ST	
Business Name:	Contractor Name:	Contractor Address:	Phone
essee/Buyer's Name	Phone:	Permit Type: Change of Use Home Occup	Zone:
Note:	us: Approved with Conditions	Reviewer: Marge Schmuckal Ap the home occupation guidelines	proval Date: 01/05/2006 Ok to Issue: ✓
	ects of the Home Occupations crite	eria, Section 14-410, shall be maintained. The	nere shall be no retail or
This permit is being approve work.	ed on the basis of plans submitted	d. Any deviations shall require a separate a	approval before starting that
Dept: Building Statu Note:	as: Approved with Conditions	Reviewer: Jeanine Bourke Ap	proval Date: 01/09/2006 Ok to Issue:

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICAN	ADDRESS	DATE	PHO
DECDONCIDI E DEDCON IN CHARCE OF WORK TIT	_	DATE	DIIO