Cit	y of Portland, Maine	- Building or Use	Permit Applica	tion 1	Permit No:	Issue Date:	CBL:
389	Congress Street, 04101	Tel: (207) 874-8703	Fax: (207) 874-8	8716	2013-02416		429 B005001
Location of Construction: 116 SHERWOOD ST		Owner Name: HARRISON S	Owner Name: HARRISON SYDNEY O		Address: REEDOM RD 04074	Phone: (207) 751-3671	
Business Name:		Contractor Name Ed Turner	Contractor Name: Ed Turner		ctor Address: enkins Road Sa	Phone (207) 318-8152	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Multi Family		Zone:
Past	Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of Work:		CEO District:
	ree Family	_	Three Family				00.00 5
Proposed Project Description:			INSPECTION:				
_	nstruction of exterior fire es	cape with deck.					
Dei	mo existing exterior stairs.			PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			(P.A.D.)
				Action: Approved Approved Approved Signature:		ved Approv	ed w/Conditions Denied
							Date:
Pern bjs	·	Date Applied For: 10/28/2013		Zoning Approval			
1.	This permit application do	es not preclude the	Special Zone or R	Reviews	Zoni	ng Appeal	Historic Preservation
	Applicant(s) from meeting Federal Rules.		Shoreland	☐ Var		e	Not in District or Landmar
2.	Building permits do not in septic or electrical work.	Wetland		Miscell	aneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.			Flood Zone		Condition	onal Use	Requires Review
	False information may inverse permit and stop all work	Subdivision		Interpre	tation	Approved	
			Site Plan		Approved		Approved w/Conditions
			Maj Minor MM		Denied		Denied
			Date:		Date:		Date:
I ha juris shal	we been authorized by the obdiction. In addition, if a pe	wner to make this appl ermit for work describe	lication as his authord in the application	hat the porized ag	gent and I agreeded, I certify that	e to conform to t the code offici	y the owner of record and that all applicable laws of this ial's authorized representative on of the code(s) applicable to
SIG	NATURE OF APPLICANT		ADDRESS			DATE	PHONE
RES	SPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	PHONE