City of Portland, Maine - Buil	ding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel: (2	207) 874-8703	, Fax: (207) 874-8	3716	2014-01417		429 J008001
Location of Construction:	Owner Ac		er Address:		Phone:	
950 BAXTER BLVD ANANIA PET WWII VET T			950 BAXTER BLVD PORTLAND, ME 04103		D ,	
Business Name:	Contractor Name:		Contractor Address:			Phone:
	RAS Construction		P.O. Box 1538 Windham ME 04062			(207) 838-1496
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Single Family			Zone:
CK Residential Properties, LLC						R5
_		oposed Use:		mit Fee: Cost of Work:		CEO District:
Single-Family Home Same: Single-I Proposed Project Description:		· ·		\$170.00	\$15,00	00.00 5
				ECTION:		
For interior renovations to the existing	home.					
To menor renovations to the existing	nome.	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
		Action: Approved Approved w/C			ed w/Conditions Denied	
		Signature:			Date:	
Permit Taken By: Date Ap dmc 06/27	plied For: Zonir /2014				Approval	
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zonii	ng Appeal	Historic Preservation
		Shoreland		☐ Variance	e	Not in District or Landman
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscella	aneous	Does Not Require Review
3. Building permits are void if work within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpret	tation	Approved
	Site Plan		Approve	ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
	Date:		Date:		Date:	
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit fo shall have the authority to enter all are such permit.	o make this appl or work describe	ication as his authord in the application	at the rized a is issu	proposed work in a gree and I agree and I certify that	to conform to	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT		ADDI	RESS		DATE	PHONE
STATUTE OF ATTECHN		וטעה	പാറ		DAIE	THORE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE