City of Portland, M	aine - Ruil	lding or Use	Permit	t Annlication	, [P	Permit No:	Issue Date	:	CBL:	
389 Congress Street, 0		0			•	06-1352			438 A01	9001
Location of Construction: Owner Name:					Owner Address:			Phone:		
134 YALE ST MJ DEVELO			PMENT CO LLC		SO	SO THORNHURST RD				
Business Name:		Contractor Name:			Contractor Address:			Phone		
		James Jackson			30 Bolton Portland			2078131810		
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:	
						VAC				
Past Use:		Proposed Use:			Permit Fee: Cost of Work:			CEO District:		
Single Family		Single Family install a Weil McClain		Weil	EID	\$60.00		00.00		
		McClain			FIR	RE DEPT:	Approved	Use G	CTION:	Туре:
							Denied		loup.	1)po.
Proposed Project Description	1:	1								
Install a Weil McClain						Signature:		Signat	ignature:	
						PEDESTRIAN ACTIVITIES DISTRICT (P.A			(P.A.D.)	.A.D.)
					Act	tion: Approv	red Ap	proved w	/Conditions	Denied
					Sig	nature:			Date:	
Permit Taken By:		pplied For:			Zoning Approval					
dmartin	09/1	312006								
			Spe	Special Zone or Reviews					Historic Preservation	
			Sh	oreland		Variance	9		Not in District	t or Landmark
			U We	etland		Miscella	neous		Does Not Req	uire Review
			🗌 Flo	ood Zone		Conditio	onal Use		Requires Revi	ew
			Su	bdivision		Interpret	ation		Approved	
			🗌 Sit	e Plan		Approve	d		Approved w/C	Conditions
PERMIT ISSUED			/laj [Minor MM		Denied			Denied	
			Dale:			Date:		5	Date:	
	CITY OF	PORTLAND								

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE