Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	P	Permit No:	Issue Dat	e:	CBL:		
	Congress Street, 04101		0				09-1399			125 G0	06001	
Location of Construction:			Owner Name:			Owner Address:				Phone:		
14 COTTAGE ST			DAMBRIE NICHOLAS FRANKLYN			14 COTTAGE ST						
Business Name:			Contractor Name: Smith Works LLC			Contractor Address:				Phone		
						1 Roosevelt Ave Auburn				20757696	2075769623	
Less	see/Buyer's Name		Phone:			Permit Type:					Zone:	
						Alterations - Duplex						
Past Use:			Proposed Use:			Permit Fee:		Cost of Wo	rk:	CEO District:		
2 F	Family Home			e - replacing existing		\$90.00		\$7,0	00.00	3		
·				existing footprint - a		FIRE DEPT:		Approved Use G		CTION:	Type	
			little smaller (7' x 22'))		Г			coup:		
							_					
	posed Project Description:			_								
rep	lacing existing front porch	in existii	ng footprint - a li	ttle smaller (7' x 22')						ignature:		
						PEDESTRIAN ACTIVITIES DISTRICT				i' (P.A.D.)		
							ion Appro	ved App	proved w	d w/Condition Denied		
							Signature:			Date:		
Per	mit Taken By:	Date A	pplied For:				Zoning	Approva	l			
Lo	dobson	12/09	0/2009					, 11				
1.	This permit application	preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation			
	Applicant(s) from meeti Federal Rules.		Sh	Shoreland		☐ Variance	☐ Variance		Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			Wetland			Miscell	Miscellaneous		Does Not Require Revie		
3.	- 1	g permits are void if work is not started six (6) months of the date of issuance.			ood Zon	Conditional Us			Requires Review			
False information may invalidate a building permit and stop all work			a building	Subdivision		Interpre	☐ Interpretatio		Approved			
				Site Plan			Approved			Approved w/Condition		
				Maj [Mino MM	☐ ☐ Denied				Denied		
				Date:			Date:			Date:		
I ha juri: shal	ereby certify that I am the live been authorized by the sdiction. In addition, if a lill have the authority to en uch permit.	owner to permit for	o make this appli r work described	med proication a	as his authorized application is is	ne prod d age sued,	ent and I agree I certify that t	to conform the code office	to all ap cial's au	pplicable laws othorized repre	of this esentative	
SIC	GNATURE OF APPLICAN				ADDRES	S		DATE	E	F	PHO	

Location of Construction: 14 COTTAGE ST	Owner Name: DAMBRIE NICHOLAS		Owner Address: 14 COTTAGE ST	Phone:				
Business Name:	Contractor Name: Smith Works LLC		Contractor Address: 1 Roosevelt Ave Auburn		Phone 207576962	3		
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Duplex		201310902	Zone:		
 Dept: Zoning Statu Note: 1) This permit is being issued w 2) This property shall remain a approval. 3) This permit is being approve work. 	two family dwelling. Any cha	work will take pl	ace within the existing foo	otprint.	Ok to Issue			
Dept: Building Statu Note:	s: Pending	Reviewer:	Residential Plan Revie	Approval Dat	e: Ok to Issue	e: 🗆		
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 a to such permit.	II areas covered by such perr	nıt at any reasor	nable hour to enforce the p	provision of the	e code(s) ap	plicable		
SIGNATURE OF APPLICAN		ADDRESS	Г	OATE	PI	Ю		

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT