Location of Construction: Owner Name: NORDEN LINDA L 32 TURNER ST Ponce: (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 650-40101 (207) 773-40101	City of Portland, M		0			2014-00067	Issue Date:		O14 K002001	
Sesset Superior		`		, Fax: (207) 874-8					!	
Maine State Builders S0 Four Winds Road Portland ME 04103 (207) 773-:					32 TURNER ST PORTLAND, ME			Phone: (207) 650-9886		
Proposed Use: 2 Unit residential Proposed Use: 2 Unit residential Proposed Project Description: Demolition of the rear section of the building - approx. 16' x 19' and the rear enclosed entry - (internal demo under permit #2013-02663) - apply for separate permit to rebuild. Proposed Project Description: Demolition of the rear section of the building - approx. 16' x 19' and the rear enclosed entry - (internal demo under permit #2013-02663) - apply for separate permit to rebuild. Proposed Project Description: Demolitions - Building - \$60.00	Business Name:		Maine State Builders				Phone (207) 773-5504			
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for separate permit to rebuild. Action: Approved Approved w/Conditions I										
Signature: Date:			nder permit #20)13-02663) - apply						
Idobson										
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permit and stop all work Site Plan	3. Building permits ar	are void if work				Condition	onal Use		Requires Review	
Maj Minor MM Denied Denied Date: 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 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 the conformation of the confo			a building			Interpre	_ Interpretation		Approved	
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shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) approach permit.	I have been authorized by jurisdiction. In addition, shall have the authority t	by the owner to on, if a permit for	make this appl r work describe	amed property, or the lication as his authored in the application	at the rized a is issu	proposed work gent and I agree led, I certify that	to conform to the code offici	all appl ial's aut	licable laws of this horized representative	
SIGNATURE OF APPLICANT ADDRESS DATE PHONE	SIGNATURE OF APPLICANT			ADDRESS			DATE		PHONE	

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE