Cit	y of Portland, Maine	P	ermit No:	Issue Dat	e:	CBL:						
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		03-0780			040 B02	22001	
Location of Construction: Owner Name:						Owner Address:				Phone:		
			McCarthy, Edv	McCarthy, Edward & Sybil R			29 Danforth St			207-774-7	788	
			Contractor Name:			Con	tractor Addres	is:		Phone		
			Dwelley's Welding & Excavation			469 Gray Road Windham			207892133	38		
Lessee/Buyer's Name Phone:						Permit Type:				l	Zone:	
						Demolitions						
Past Use: Proposed Use:					_	Permit Fee: Cost of Work		rk:	CEO District:	<u> </u>		
			vacant land				\$84.00		00.00	2		
~{	5,					FIRE DEPT:			1	SPECTION:		
								Approved	Use G		Type	
							L	Denied		•	• •	
Pro	posed Project Description:											
_	mantle/demolish existing b	ouilding				Signature: Sign			Signatu	nature:		
		8				PEDESTRIAN ACTIVITIES DISTRI				•		
						Action: Approved Approv			proved w	ed w/Condition Denied		
						Sign	nature:			Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
kw	vd	07/03	/2003			Zonnig Approvai						
1.				Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
1.				Shoreland		☐ Variance			Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Revie			
3.	3. Building permits are void if work is not started			☐ Flood Zon		Conditi	Conditional Us		Requires Review			
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved		
permit and stop an work			☐ Site Plan Maj ☐ Minor☐ MM ☐			Approved			Approved w/Condition			
						☐ Denied			☐ Denied			
							5.					
				Date:			Date:		D	Pate:		
I ha juris shal	reby certify that I am the over been authorized by the esdiction. In addition, if a plus have the authority to entended permit.	owner to ermit for	o make this appli r work described	med procession and the second	as his authorized application is is	ne pro d age: sued,	nt and I agree I certify that t	to conform the code offi	to all ap	oplicable laws athorized repre	of this sentative	
SIG	NATURE OF APPLICAN				ADDRES	S		DATI	<u> </u>	P	НО	

Location of Construction:	Owner Name:	Owner Address:	Phone:	
29 Danforth St McCarthy, Edward & Sy		29 Danforth St	207-774-7788	
Business Name:	Contractor Name:	Contractor Address:	Phone	
	Dwelley's Welding & Excavation	469 Gray Road Windham	2078921338	
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:	
		Demolitions		

 Dept:
 Zoning
 Status:
 Approved with Conditions
 Reviewer:
 Marge Schmuckal
 Approval Date:
 07/07/2003

 Note:
 Ok to Issue:
 ✓

- 1) Please note that although this lot is not directly within a defined Historic District, it directly abuts a Historic District. Any rebuilding or new building may need to be reviewed by our Historic District review committee. Please contact Deb Andrews for further information as to what requirements you may need to meet.
- 2) This building is legally nonconforming as to minimum height requirements within the B-3 business zone. There may be other legal nonconformities. PLEASE NOTE that with your voluntary demolition of this structure, you may rebuild within the same footprint and same use and same height WITHIN ONE (1) YEAR of demolition. After one year, any rebuilding or new building SHALL MEET the current ordinance requirements.

Dept: Building Status: Approved Reviewer: Mike Nugent Approval Date: 07/25/2003

Note: Ok to Issue: ✓

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 APPLICAN	ADDRESS	DATE	РНО
DECDONGIDI E DEDCON IN CILADOE OF WORK TIT		DATE	DITO