389 Congress Street, 04101	Building or Use Pe Tel· (207) 874-8703			1	09-1368	Issue Dat	c.	056 G03	6001	
Location of Construction: Owner Name:					Owner Address:			Phone:		
249 Spring St Nbdt Llc			1		1415 Congress St # 2					
Business Name: Contractor Nat Ben Ray			ne:		Contractor Address: 705 Congress Street Portland			Phone 415244708		
Lessee/Buyer's Name	Phone:	· · · · · · · · · · · · · · · · · · ·			Permit Type:				Zone:	
				Alterations - Duplex						
Past Use: Proposed Use		Denovation on the				Cost of Work: CE \$2,800.00		EO District:		
Two Family	•	Two Family / Renovation on the entry porch and stairs.		\$150.00		-	00.00 2 INSPECTION:			
	entry poren un			1		Approved Denied	Use Group: Type		Type	
Description										
Proposed Project Description: Renovation on the entry porch	and stairs.			Signature: S		Signature	Signature:			
, F			PEDESTRIAN ACTIVITIES DISTR							
				Acti	ion Appro	ved App	proved w/0	Condition	Denied	
				Signature:			Ì	Date:		
Permit Taken By:	Date Applied For: 12/01/2009			Zoning Approval						
This permit application do		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation		
Applicant(s) from meeting Federal Rules.	-	Shoreland		Variance		☐ Not in District or Landn				
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland			Miscellaneous			☐ Does Not Require Revie		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			ood Zon		Conditional Us			Requires Review		
			ıbdivision		☐ Interpretatio			Approved		
			te Plan		Approved		Approved w/Condition			
			Mino MM	Denied			☐ Denied			
					Date:	Date:				
I hereby certify that I am the ow I have been authorized by the or jurisdiction. In addition, if a per shall have the authority to enter to such permit.	wner to make this appli rmit for work described	med procession and the second	as his authorized application is iss	e pro l age ued,	nt and I agree t I certify that th	o conform to ne code office	o all app cial's autl	licable laws on the contract of the contract o	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS	3		DATE	į.	Pl	НО	

Location of Construction:	Owner Name:		Owner Address:		Phone:		
249 Spring St Nbdt Llc			1415 Congress St # 2				
Business Name:	Contractor Name:		Contractor Address:	Phone			
	Ben Ray	1	705 Congress Street Por	tland	4152447089		
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:	
			Alterations - Duplex				
Dept: Historic Status: A	pproved with Conditio	ns Reviewer	Scott Hanson	Approval Dat	e· 12/0	7/2009	
Note:	approved with condition	100000	Scott Hanson		Ok to Issue:		
	with point or solid hads	z stoin (in sprins)		OK to Issue.	• [
1) All visible surfaces to be finished	-						
2) Railing height not to exceed 36" (v	which is higher than exi	sting according	to contractor).				
Dept: Zoning Status: A	pproved with Conditio	ns Reviewer	: Marge Schmuckal	Approval Dat	12/0	4/2009	
Note:	approved with condition	ns Reviewer	Warge Semindekar		Ok to Issue:		
		1.1 TY					
ANY exterior work requires a sepa District.	arate review and approv	al thru Historic	Preservation. This propert	y is located with	iin an Histor	ic	
2) Separate permits shall be required	l for future decks, sheds	s, pools, and/or g	garages.				
3) This is NOT an approval for an ad limited to items such as stoves, m	_		<u> </u>		ncluding, bu	t not	
4) This property shall remain a two (2 approval.	_		• •	-	for review an	nd	
5) This permit is being approved on work.	the basis of plans subm	itted. Any devi	ations shall require a sepa	arate approval b	efore starting	g that	
Dept: Building Status: P	ending	Reviewer	:	Approval Date:			
Note:					Ok to Issue:	: ⊔	
Dept: Fire Status:		Reviewer	: Capt Keith Gautreau	Approval Dat	φ.		
Note:		Reviewei	Capt Kelul Gauticau		Ck to Issue:	. 🗆	
Note:					OK to issue.	• 🗀	
Comments:							
12/2/2009-gg: Permit was a stop work	order permit./gg						
12/7/2009-gg: received permit from his	storic on 12/07/09. /gg						
		CERTIFICATIO	N				
I hereby certify that I am the owner of	record of the named pro	operty, or that th	e proposed work is autho	rized by the own	ner of record	and that	
I have been authorized by the owner to	make this application a	as his authorized	agent and I agree to conf	form to all applie	cable laws of	fthis	
jurisdiction. In addition, if a permit for							
shall have the authority to enter all are to such permit.	as covered by such per	mit at any reaso	nable nour to enforce the	provision of the	e code(s) app	oncable	
to such permit.							
SIGNATURE OF APPLICAN		ADDRESS]	DATE	PH	О	

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

DATE

PHO