

Location of Construction: 90 Gray St		Owner: Kolbert, Dan		Phone: 879-7019	
Owner Address:		Leasee/Buyer's Name:		Phone:	
Contractor Name:		Address:		Phone:	
Past Use: 1-fam		Proposed Use: Same		COST OF WORK: \$ 3,000.00	
				PERMIT FEE: \$ 40.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
				INSPECTION: Use Group <i>R3</i> Type <i>EB</i> <i>100C A 96</i>	
Proposed Project Description: Change Roof Structure over Kitchen area. Rebuild deck - within existing footprint		Signature:		Signature: <i>Hoffman</i>	
Permit Taken By: Mary Gresik		Date Applied For: 07 October 1996		Signature: _____ Date: _____	

Permit No **961025**

PERMIT ISSUED

Permit Issued:
OCT 15 1996

CITY OF PORTLAND

Zone: *R-3* CBL: 057-E-005

Zoning Approval:
ok with conditions

Special Zone or Reviews:
 Shoreland *MS 10/11/96*
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal

Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

★ Call for P/U Laura Cianchette 879-7019

PERMIT ISSUED WITH REQUIREMENTS

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 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 provisions of the code(s) applicable to such permit

Laura Cianchette 07 October 1996

SIGNATURE OF APPLICANT Laura Cianchette ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

Historic Preservation

Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *10/2/96*

D. Andrews

CEO DISTRICT **3**

T. Mumery