	y of Portland, Maine - Congress Street, 04101	_			Pe	rmit No: 08-0328	Issue Dat	e:	CBL: 058 A0	024001
Loc	ation of Construction:	Owner Name:		207) 874-8710		er Address:			Phone:	
36 SALEM ST COYNE JO E						ALEM ST				
Business Name: Contractor N M & M Buil			me: lers / Mike Miller			ractor Address Mitchell Road		beth	Phone h 2078382508	
Lessee/Buyer's Name Phone:					Permit Type: Amendment to Duplex				Zone:	
Past Use: New 2 Family Home connected w/ permit #080213		Home permit of #080213 - ame	Proposed Use: Ammendment to New 2 Family Home permit connected w/ permit #080213 - amend site plan, change of fire wall detail, change windows -		FIRE DEPT: Approved IN		30.00 INSPE			
		changing sill h								
am	posed Project Description: end site plan, change of fire	wall detail, change win	Ī		Signature:		Signature:			
hei	ght				PEDESTRIAN ACTIVITIES DISTRI			TRICT (ICT (P.A.D.)	
					Action Approved Approved Approved			proved v	ved w/Condition Denied	
			Sign			Signature:			Date:	
Permit Taken By: Date Applied For: 1dobson 04/09/2008			Zoning Approval							
1.	This permit application do	oes not preclude the	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			☐ Not in District or Landn		
2.	Building permits do not inc septic or electrical work.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			☐ Does Not Require Revie	
3.	·		☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a buildin permit and stop all work			Subdivision			☐ Interpretatio			Approved	
				te Plan	Approved			Approved w/Condition		
			Maj Mino MM			Denied		☐ Denied		
			Date:			Date:		Г	Date:	
I ha juri sha	reby certify that I am the ov ve been authorized by the o sdiction. In addition, if a pe Il have the authority to enter uch permit.	wner to make this appli rmit for work described	med procession and the second	as his authorized application is iss	ne prop d agen sued, I	t and I agree to certify that the	o conform t e code offic	o all ap	pplicable laws athorized repr	s of this esentative
SIC	NATURE OF APPLICAN			ADDRES:	S		DATE	<u> </u>		РНО

Location of Construction: 36 SALEM ST	Owner Name: COYNE JO ELLEN		Owner Address: 36 SALEM ST	Phone:	
Business Name:	Contractor Name: M & M Builders / Mike Miller		Contractor Address: 259 Mitchell Road Cape Elizabeth	Phone 2078382508	
Lessee/Buyer's Name	Phone:		Permit Type: Amendment to Duplex	Zo	

Dept:	Zoning	Status:	Approved with Conditions	Reviewer:	Marge Schmuckal	Approval Date:	04/09/2008
Note:						Ok	to Issue: 🗹

- 1) All prior conditions on the original approval are still in force.
- 2) This property shall remain a two (2) family dwelling. Any change of use shall require a separate permit application for review and approval.
- 3) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work

Dept:	Building	Status:	Approved with Conditions	Reviewer:	Chris Hanson	Approval Date: 04/	10/2008
Note:						Ok to Issue	e: 🗸

1) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

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