Cit	y of Portland, Maine	- Build	ling or Use Po	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:		
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207)					207) 874-8716		05-1685			061 E009001		
Location of Construction: Owner Name:				0		Own	Owner Address:			Phone:		
			RANDALL BR	BRIAN & ALEXANDER		381 DANFORTH ST						
Bus	iness Name:		Contractor Name:			Contractor Address:			Phone			
			Alan Monroe			277 Long Hill Road Sebago			207756043	6		
Less	see/Buyer's Name		Phone:			Permit Type:			.	Zone:		
					Alterations - Dwellings							
Past	t Use:		Proposed Use:		•	Permit Fee: Cost of Work:		ork: (CEO District:			
	gle Family Home		_	Home/ renovate		\$291.00			00.00			
	<i>G ,</i>		kitchen, change size of existing window, enclose chimney, move 1 door					n igne ger				
					ney, move 1	Approved Denied		Lise Group			Type	
Pro	posed Project Description:		1									
	ovate kitchen, change size		ing window, enc	lose chi	mney, move 1	Signature: Signa			Signatur	ature:		
doo	•		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PEDESTRIAN ACTIVITIES DISTRIC			U	?		
						Action: Approved Approved w				//Condition Denied		
						Signature:				Date:		
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval						
lde	obson	11/17	/2005			Zomig Approva						
1.	This permit application	does not	preclude the	Spec	ial Zone or Revi	ews	ews Zoning Appeal			Historic Preservation		
1.	 This permit application does not pre Applicant(s) from meeting applicable Federal Rules. 			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.				☐ Flood Zon			Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision		☐ Interpretatio			Approved				
				Site Plan			☐ Approved			Approved w/Condition		
			Maj [Minor MM	Denied			☐ Denied				
			Date:			Date:		Da	Date:			
I ha juris shal	reby certify that I am the vector we been authorized by the soliction. In addition, if a place the authority to encuch permit.	owner to permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne pro l age sued,	nt and I agree I certify that the	to conform he code offi	to all app cial's aut	olicable laws of horized repres	of this sentative	
SIGNATURE OF APPLICAN			ADDRESS		S	DATE		Ξ	РНО			

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction: Owner Name:			Owner Address:	Phone:		
381 DANFORTH ST	RANDALL BRIAN &	ALEXANDER	381 DANFORTH ST			
Business Name:	Contractor Name:		Contractor Address:	Phone	Phone	
	Alan Monroe		277 Long Hill Road Sebago	207756043	2077560436	
Lessee/Buyer's Name Phone: Permit Type:		Permit Type:		Zone:		
	Alterations - Dwellings					

Status: Approved 11/30/2005 Dept: Historical Reviewer: Deborah Andrews **Approval Date:** Ok to Issue: ✓ Note: 1) * No formal review required; alterations not visible from a public way. **Status:** Approved with Conditions Reviewer: Jeanine Bourke **Approval Date:** 11/23/2005 Dept: Zoning Ok to Issue: ✓ Note: 1) ANY exterior work requires a separate review and approval thru Historic Preservation Dept: **Building** Status: Approved **Reviewer:** Jeanine Bourke **Approval Date:** 11/23/2005 Ok to Issue: Note:

Comments:

11/23/2005-jmb: Spoke w/Alan M. About the window replacement. They will be shortened up, not enlarged.

11/23/2005-jmb: Sent email to Deb A. And routed for her sign off

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	
RESPONSIBLE PERSON IN CHARGE OF WORK. TIT		DATE	PHO	