

Location of Construction: 27 Thomas St. Portland 04103		Owner: Diane Worthington		Phone: (207) 761-4391		Permit No: 990509	
Owner Address: 27 Thomas St. Portland 04103		Lessee/Buyer's Name:		Phone:		BusinessName:	
Contractor Name: Jan Olsson		Address: 271 Ray St. Portland 04103		Phone:		Permit Issued: MAY 21 1999 CITY OF PORTLAND	
Past Use: Single Family		Proposed Use: Same		COST OF WORK: \$ 2,270.00		PERMIT FEE: \$ 30.00	
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group: Type:	
				Signature:		Signature:	
Proposed Project Description: Replace Deck				PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)			
				Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied			
				Signature:		Date:	
Permit Taken By: S.P.		Date Applied For: May 14th, 1999					

Zone: **R-6** CBL: 062-F-001
 Zoning Approval: **OK per 14-382 & 14-385**
 Special Zone or Reviews: **5/20/99**
 Shoreland
 Wetland
 Flood Zone
 Subdivision
 Site Plan maj minor mm

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

PERMIT ISSUED WITH REQUIREMENTS

Action: **See Attached from Deb**
 Approved
 Approved with Conditions
 Denied

Date: _____

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

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: May 14th, 1999 PHONE: _____

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

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

CEO DISTRICT 3