Cit	y of Portland, Maine - Build	ling or Use Pe	ermit A	Appl	ication	P	ermit No:	Issue Da	te:	CBL:	
389	Congress Street, 04101 Tel: (2	207) 874-8703,	Fax: (2	207) 8	874-8716		04-1238	3		065 E00	06001
Location of Construction: Owner Name:				(Owner Address:				Phone:	
109 Gilman St Spector Elizabe			eth L		46 Brookside Rd						
Bus	iness Name:	Contractor Nam	ne:			Cont	tractor Addr	ess:		Phone	
		Ionel Apricopoa			761 Main St. So Portland			20787474	31		
Lessee/Buyer's Name Phone:					Permit Type:					Zone:	
					Alterations - Multi Family						
Past	t Use:	Proposed Use:		1		Per	mit Fee:	Cost of W	ork:	CEO District:	
		Multi family - s	six d u		1 011	\$30.00		00.00	2		
Multi family - legal use: six (6) d.u. Multi family - si			IX d.u.		FIRI	E DEPT:			CCTION:		
						riixi	E DEI 1.	Approved	Use G		Type
								Denied			1) P 0
Duna	posed Project Description:										
_		anda									
тер	place old front porch to bring up to	code				Signature: Signature					
						PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
									proved v	roved w/Condition	
		P 15									
	Date A	pplied For:									
			G	. 17	n ·						4.
1.	Applicant(s) from meeting applicable State and		Spec	ial Zo	ne or Revi	ews				Historic Pre	servation
										Not in Dist	rict or Landm
	Federal Rules.										
2.	Building permits do not include plumbing, septic or electrical work.									Does Not R	equire 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										
									Approved w	Approved w/Condition	
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	reby certify that I am the owner of										
	ve been authorized by the owner to										
	sdiction. In addition, if a permit fo										
	Il have the authority to enter all are	eas covered by su	ich peri	mit at	any reason	iable	e nour to enf	orce the prov	/ision o	i the code(s) a	pplicable
to Si	uch permit.										
SIG	SNATURE OF APPLICAN				ADDRESS	;		DAT	Е	F	PHO

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction:	Owner Name:	Owner Address:	Phone:
109 Gilman St	Spector Elizabeth L	46 Brookside Rd	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Ionel Apricopoa	761 Main St. So Portland	2078747431
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Alterations - Multi Family	

08/23/2004 Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** Ok to Issue: Note: 1) The replacement porch and stairs shall not be larger than the existing footprint, unless it is the minimum needed to meet fire and safety codes. 2) 3) This property shall remain a six (6) family dwelling. Any change of use shall require a separate permit application for review and approval. 08/23/2004 Dept: Building **Status:** Approved with Conditions **Reviewer:** Mike Nugent **Approval Date:** Ok to Issue: Note:

1) Because this must be within the footprint the tread and riser configuration is allowed as per plan. See section 1014.6.6

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО