Cit	y of Portland, Maine	ing or Use Pe	Perr	mit No:	Issue Dat	e:	CBL:				
389	Congress Street, 04101	Tel: (20	07) 874-8703,	Fax: (2	207) 874-8716		04-0207			066A B0	24001
Location of Construction: Owner Name:						Owner Address:				Phone:	
33 1	Roberts St		Ayer Nancy I			33 Roberts St # 2			207-772-52	207-772-5279	
			Contractor Name:			Contractor Address:			Phone		
n/a			Joe DiFrancesco			Portland			207878572	3	
Less	ee/Buyer's Name	Phone:	hone:			Permit Type:				Zone:	
n/a		n/a	'a		Additions - Multi Family						
Past Use: Proposed Use:			Proposed Use:		Permit Fee: Cost of Wor		rk:	CEO District:	1		
_			12' x 16' second floor			\$84.00	\$6,3	50.00	3		
deck.					FIRE DEPT:		Approved	INSPE	SPECTION:		
							Use Gr	se Group: Type			
					Defiled						
Prop	osed Project Description:	,									
Bui	ld 12' x 16' second floor dea	ck.				Signature: Signat			Signatu	ture:	
						PEDESTRIAN ACTIVITIES DISTRICT (			P.A.D.)		
						Action: Approved Approved w/Condition				//Condition	Denied
							-	_			
		1		1		Signature:			Date:		
Permit Taken By: Date Applied Fo			_	Zoning Approval							
gg 03/01/200				Snec	Special Zone or Review		ws Zoning Appeal			Historic Preservation	
1.	This permit application d			<u> </u>		_					
Applicant(s) from meeting application Federal Rules.			able State and	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.	3. Building permits are void if work is not started			☐ Flood Zon			Conditional Us			Requires Review	
within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work				☐ Subdivision ☐ Site Plan			☐ Interpretatio			Approved	
						Approved			Approved w/Condition		
			Maj Minor MM			☐ Denied			☐ Denied		
				Date:		]	Date:		D	Date:	
				(	CERTIFICATIO	N					
I hei	reby certify that I am the o	wner of i	record of the na	med pro	operty, or that th	ie propo	osed work is	authorized	by the	owner of recor	d and that
I hav	ve been authorized by the odiction. In addition, if a po	owner to	make this appli	cation a	as his authorized	l agent a	and I agree t	o conform	to all ap	plicable laws o	of this
shal	I have the authority to ente										
SIGNATURE OF APPLICAN				ADDRESS		S	DATE		Ξ	PI	Ю

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

ocation of Construction:	Owner Name:	Owner Address:	Phone:				
33 Roberts St	Ayer Nancy I	33 Roberts St # 2	207-772-5279				
usiness Name:	Contractor Name:	Contractor Address:	Phone				
n/a	Joe DiFrancesco	Portland	2078785723				
essee/Buyer's Name	Phone:	Permit Type:	Zone:				
n/a	n/a	Additions - Multi Fami	ly				
Dept: Zoning S	Status: Approved with Condi	tions Reviewer: Tammy Munson	<b>Approval Date:</b> 03/26/2004				
	* *	•	Ok to Issue:				
Note: 03-26-2004 - revised pland and reduced deck size - ok to issue  Ok to Issue: ✓  1) The shed on the property must be relocated to be in compliance w/the 5' setback requirements as discussed w/builder on 03/26/2004.							
1) The shed on the property	y must be relocated to be in coi	mpliance w/the 5' setback requirements as o	discussed w/builder on 03/26/2004.				
Dept: Building S	Status: Pending	Reviewer:	Approval Date:				
Note:	-		Ok to Issue:				
Comments:							
	t sethacks - left message w/huil	der - put in hold pile					
3/12/04-tmm: Does not mee	i scioacks - icit message w/bun						
	_	nstallation to deck. GG to call. Kwd					
3/2/04-kwd: Need header and	_						

## **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	РНО