

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0284	Issue Date: APR 15 2003	CBL: 066A C008001
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Location of Construction: 29 Payson St	Owner Name: Kamenides Jennifer	Owner Address: 29 Payson St <i>CITY OF PORTLAND</i>	Phone: 772 1792
Business Name:	Contractor Name: Smith Abatement	Contractor Address: 56 Bradley Pond Rd. Topsham	Phone: 2078414654
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Duplex	Zone: RS

Past Use: Two unit dwelling	Proposed Use: Two unit dwelling with replaced two-story porch	Permit Fee: \$79.00	Cost of Work: \$0.00	CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R3 Type: 5B	

Proposed Project Description:
Replace existing two-story porch in existing footprint
(New Footprint)

Signature: _____
Signature: **AMB 4/15/03**

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)

Action: Approved Approved w/Conditions Denied

Signature: _____ Date: _____

Permit Taken By: kwd	Date Applied For: 04/02/2003	Zoning Approval
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<ol style="list-style-type: none"> 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.. 	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: AMB 4/15/03	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 4/15/03
	<i>Approved w/conditions sec. 14-385 allows reconstruction in same footprint</i>		

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 APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

4/18/03 - Setbacks OK - are Building within the
existing footprint & were nonconfining in rear Garage - 18' setback
Some Timber at 4 FT +/- OK to pour. - Tom M. (NOTE: Rehab project w/ Roger Hitchcock)

10/02/03 Inspected Framing and stairs/Guards
ALL OK - The handrail on the house side
is existing for 2 years @ 34" JB
OK to close