Cit	y of Portland, Maine	ling or Use Po	Per	rmit No:	Issue Dat	e:	CBL:					
	Congress Street, 04101		O				04-1557			080 F005	5001	
Location of Construction: Owner Name:						Owner Address:			Phone:			
			Weeks Marcia	Weeks Marcia Abbott &			atherine St					
Business Name:			Contractor Name:			Contractor Address:			Phone			
			Maine State Builders			245 Warren Ave Portland			207773550	)4		
			Phone:	Phone:			Permit Type:				Zone:	
					Additions - Dwellings							
Past	t Use:		Proposed Use:	se:		Permit Fee: C		Cost of Wo	rk:	CEO District:		
Sin	gle Family Home		-	Home /third flr ld bath		\$444.00 <b>FIRE DEPT:</b>		\$46,4	00.00	3		
	,		renovations ac					· · · · · · · · · · · · · · · · · · ·		CTION:	I	
								Approved	Use Gr		Туре	
Prop	posed Project Description:											
_	rd flr renovations, add batl					Signature: Signat			Signatu	ture:		
				PE Ac		PEDESTRIAN ACTIVITIES DISTRICT						
										/Condition		
						Actio	л: 🔲 Аррго	oved Ap	proved w	Condition	Dellied	
						Signature:				Date:		
Perr	mit Taken By:	Date A	pplied For:			Zoning Approval						
ldobson 10/15/2004			/2004	Zomig ripprovu			=					
1.	This permit application	does not	preclude the	Spec	Special Zone or Reviews		Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable Federal Rules.			☐ Si	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		
			☐ Si	te Plan		Approved			Approved w/Condition			
			Maj Minor MM			Denied			☐ Denied			
				Date:			Date:		D	Date:		
I hay juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a ll have the authority to en uch permit.	owner to permit fo	o make this appli r work described	med procession and the second	as his authorized application is iss	ne prop d agent sued, I	t and I agree certify that t	to conform he code offi	to all ap cial's au	pplicable laws of thorized repres	of this sentative	
SIG	NATURE OF APPLICAN				ADDRESS	S		DATI		PI	НО	
310	INATURE OF APPLICAN				ADDRES	3		DAII	د	PI	110	

DATE

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RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

<b>Location of Construction:</b>	Owner Name:	Owner Address:	Phone:
12 Catherine St	Weeks Marcia Abbott &	12 Catherine St	
Business Name:	Contractor Name:	Contractor Address:	Phone
	Maine State Builders	245 Warren Ave Portland	2077735504
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:
		Additions - Dwellings	

Dept:ZoningStatus:ApprovedReviewer:Tammy MunsonApproval Date:11/10/2004

**Note:** ok under 14-436A - 50 % expansion **Ok to Issue:** ✓

**Dept:** Building **Status:** Approved with Conditions **Reviewer:** Tammy Munson **Approval Date:** 11/10/2004

Note: Ok to Issue: ✓

1) Separate permits are required for any electrical, plumbing, or heating.

2) Permit approved based on the plans submitted and reviewed w/owner/contractor, with additional information as agreed on and as noted on plans.

## **Comments:**

10/28/04-tmm: Spoke w/builder - went over req. info - need plot plan, 2" clearance from combustibles, headers, and stair changed that is discussed.

## 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.

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
CICNATURE OF ARRIVAN	ADDDEGG	DATE	DITO