Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## CITY OF PORTI AND

Please Read Application And Notes, If Any, Attached	PERMIT	Permit Number: 080/08
This is to certify thatNEUNER PAUL J &	CHRI INA HADDED NEUNER JT. les	
has permission toReplace existing porcl	h use a sting foo s	MAY 1.3 2000
AT _139 PITT ST		981 B010001
provided that the person or person the provisions of the Statutes the construction, maintenance at this department.	s of mine and of the mances	ng this permit shall comply with all s of the City of Portland regulating res, and of the application on file in
Apply to Public Works for street line and grade if nature of work requires such information.	ificatio of insper on muse e on and voen permoon proced ore this olding or art there is ned or losed-in 4	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. \_ Appeal Board \_\_\_ Department Name

Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD



City of Portland, N	Iaine - Bui	lding or Use	Permi	t Application	n Peri	mit No:	Issue Date	:	CBL:		
389 Congress Street,		•				08-0498			081 B0	10001	
Location of Construction:	Construction: Owner Name:			Owner Address:				Phone:			
139 PITT ST		NEUNER PAUL J & CHRISTINA			139 PITT ST						
Business Name:		Contractor Name	:		Contra	ctor Address:		_	Phone		
		Jules Dostie Builder			56 Dostie Drive Mechanic Falls				2075765663		
Lessee/Buyer's Name Phone:		Phone:			Permit Type:					Zone:	
					Alter	rations - Dw	ellings			R-3	
Past Use:	Past Use: Proposed Use:			<u> </u>	Permit Fee: Cost of Wo				CEO District:	<u>'</u>	
Single Family Home		I -	Single Family Home - Replace			\$180.00 \$16,000.00			2		
		existing porch use existing footings			FIRE DEPT: INS			INSPE	SPECTION:		
								Use G	e Group: 12.3 Type: 55		
						1 /	Penied		,		
					1	///	H		TRC Z	ce 3	
Proposed Project Description		<u> </u>			1 /(	///	•			A	
Replace existing porch		ootings				Signature: Sig			nature:		
	S	8			PEDESTRIAN ACTIVITIES DISTRIC						
								`			
					Action:	: Appro	vea Ap	provea w	/Conditions	Denied	
					Signatu	ure:			Date:		
Permit Taken By:	Date A	pplied For:			Zoning Approval						
ldobson	05/12	2/2008				20111116	Tippiov	<b>41</b>			
This permit application does not preclude the		Special Zone or Reviews		ews	vs Zoning Appeal			Historic Preservation			
Applicant(s) from meeting applicable State and			Shoreland			Variance			Not in District or Landmark		
Federal Rules.	0 11					variano	•		Z Not in Distric	t or Euroman	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland / /			☐ Miscellaneous			Does Not Require Review			
3. Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zone			Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work		\$	bdryision	Interpretation				Approved			
			sii	e Plan		Approve	ed		Approved w/0	Conditions	
Fig. 2. Const. And Annual Const.			   Maj		Denied			Ī	Denied		
Firmali ISSUMD			_/ /				1				
			Date:	0113/18	Date:				Date: 4/13/08		
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	Andrews Control of Con-										
(*)	Y T	77 / Y									
***************************************	naturios en un la la la la compania de la compania	Street Control of Control of Control									
			C	ERTIFICATION	ON						
I hereby certify that I am	the owner of	record of the na	med pro	perty, or that th	ne propo	osed work is	authorized	by the	owner of record	d and that	
I have been authorized b	y the owner to	make this appli	cation a	s his authorized	d agent	and I agree	to conform	to all a	oplicable laws of	of this	
jurisdiction. In addition	, if a permit fo	r work described	d in the	application is is	sued, I	certify that	the code of	ficial's a	uthorized repre	esentative	
shall have the authority t	o enter all are	as covered by su	ich pern	nit at any reason	nable ho	our to enforc	e the provi	ision of	the code(s) app	olicable to	
such permit.											
SIGNATURE OF APPLICANT		ADDRESS				DATE		PHONE			
DEGRONGER E TOTAL			_								
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE						DATE		PHON	NE		