	y of Portland, Maine	Permit No: 07-1139		Issue Date:		CBL:	CBL: 084 G005001				
389 Congress Street, 04101 Tel: (207) 874-8703,				207) 874-8716	3/16						
	ation of Construction: NEW ISLAND AVE		Owner Name: EATON ERIC K & HOLLY L HURD-			Owner Address: 59 NEW ISLAND AVE			Phone:		
Business Name:		Contractor Nar	Contractor Name:			Contractor Address:			Phone		
		Home Owner							1		
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Dwellings				Zone:		
	t Use:	Proposed Use:			Permit Fee: Cost of Wo						
Sin	igle Family Home	Single Family		eframing in rear of				,000.00 2			
		building	terranning in real or		<u> </u>		Approved			Туре	
						Denied		Type		1) pc	
	posed Project Description:	'									
wii	ndow replacement / reframi	ng in rear of building			Signature:			Signature:			
					PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)		
						Action Approved Approv			ved w/Condition Denied		
					Signature:				Date:		
Permit Taken By: Date Applied For: 1dobson 09/17/2007					Zoning Approval						
1.	This permit application d	oes not preclude the	Special Zone or Re		ews Zoning Appeal			Historic Preservation			
•	Applicant(s) from meeting applicable State and Federal Rules.		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 in permit and stop all work	validate a building	Subdivision		☐ Interpretatio			Approved			
			Site Plan			Approved		Approved w/Condition			
				Mino MM	Denied			☐ Denied			
			Date:			Date:			Date:		
I ha juri: shal	ereby certify that I am the o tive been authorized by the o sdiction. In addition, if a po Il have the authority to ente uch permit.	owner to make this appl ermit for work described	amed projection in the	as his authorized application is is:	ne prop d agent sued, I	t and I agree t certify that th	o conform to ne code office	to all ap cial's au	pplicable laws of the state of	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES	5		DATE	E	P	НО	

Location of Construction: 59 NEW ISLAND AVE	Owner Name:		Owner Address: 59 NEW ISLAND AVE		Phone:		
Business Name:	EATON ERIC K & HOLLY L HURD- Contractor Name: Home Owner		Contractor Address:		Phone		
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings			Zone:	
Dept: Zoning Status: Note:	Pending	Reviewer	:	Approval Da	nte: Ok to Issue	<u></u>	
Dept: Building Status: Note:	Pending	Reviewer:		Approval Da	Approval Date: Ok to Issue:		
Comments:							
9/18/2007-tm: called Erik Eaton to p 9/19/2007-tm: called Erik Eaton aga							
, , , , , , , , , , , , , , , , , , ,							
		CERTIFICATIO)N				
I hereby certify that I am the owner I have been authorized by the owne jurisdiction. In addition, if a permit shall have the authority to enter all to such permit.	of record of the named pro r to make this application a for work described in the a	operty, or that the as his authorized application is is	ne proposed work is author d agent and I agree to confo sued, I certify that the code	orm to all appl official's auth	icable laws o orized repres	of this sentative	
SIGNATURE OF APPLICAN		ADDRES	S I	DATE	PF	Ю	