City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 47 Meridan Street Peaks Island	Owner: Michael McNally		Phone: 799-6246		Permit No:
Owner Address: 401 Lincoln St. So. Portland	Lessee/Buyer's Name:	Phone:	BusinessName:		- 991001
Contractor Name: Dale Freudenberger *Scottsdale ConstructionAddress: 10 Allen Ave. Ext. Falmouth, MEPhone: 04105878-3696					Permit Issued(SSUED
Past Use:	Proposed Use:			PERMIT FEE: \$ 48.00	SEP 4 1999
1-Family	Same	FIRE DEPT.	Approved Denied	INSPECTION: Use Group: A3 Type 53 BOC A96 Signature: Hulla	Zone: CBL: 085-D-004
Proposed Project Description:			ACTIVITIE	S DISTRICT (P.4.D.)	Zoning Approval
Add deck to rear of house.		Action:	Approved Approved w Denied	vith Conditions:	□ Special Zone or Reviews: □ Shoreland NA □ Wetland □ Flood Zone Zone C
Permit Taken By: UB	Date Applied For:	Signature: 8–31–99		Date:	□ Subdivision □ Site Plan maj □minor □mm □ ┃ 000 7
1. This permit application does not preclude the	Applicant(s) from meeting applicable	State and Federal rules	 •		Zoning Appeal □ Variance
2. Building permits do not include plumbing, se	eptic or electrical work.				☐ Miscellaneous □ Conditional Use
3. 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 *** Send To: Dale Freudenberger Scottsdale Construction 10 Allen Ave. Extension FAlmouth, ME 04105					□ Interpretation □ Approved □ Denied
					Historic Preservation IZ Not in District or Landmark Does Not Require Review
			PERM WITH RE	IT ISSU ED QUIRE MENTS	□ Requires Review Action:
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 areas covered by such permit at any reasonable h	s issued, I certify that the code official	's authorized representa	ative shall hav		
		9-1-99			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	
RESPONSIBLE PERSON IN CHARGE OF WOR	K, TITLE			PHONE:	
White-P	ermit Desk Green–Assessor's C	anary–D.P.W. Pink–P	ublic File I	vory Card–Inspector	ub