City of Portland, Maine - Building or Use Perm				-	Per	rmit No: 04-0303	Issue Date	e:	CBL:	
	Congress Street, 04101	Fax: (207	,					087 E041	001	
	ation of Construction:		Owner Name:		Owner Address:		Phone:			
99 Luther St - P.I.			Eisenberg Carol		99 Luther St			207-766-3323		
Busi	ness Name:	Contractor Nam	Contractor Name:		Contractor Address:			Phone		
Less	ee/Buyer's Name	Phone:	ione:		<b>Permit Type:</b> Change of Use - Dwellings				Zone:	
Past	Use:	<b>Proposed Use:</b>	Proposed Use:		Permit Fee: Cost of Work:		CEO District:	]		
Sing	gle Family	Duplex: Expan	Duplex: Expand existing house and add accessory dwelling unit			\$636.00	\$60,00	00.00	1	
		add accessory o			Approved			PECTION: e Group: Type		
Prop	oosed Project Description:									
Exp	band existing house and add	l accessory dwelling un	it		Signature:		Signatur	ignature:		
					PEDESTRIAN ACTIVITIES DISTRICT (			RICT (P	(P.A.D.)	
					Action: Approved Approved		oroved w/	w/Condition Denied		
			Signature:		ture: Da		Date:	ate:		
Permit Taken By: kwdDate Applied For: 03/25/2004		Zoning Approval								
1.	1. This permit application does not preclu		Special Zone or Rev		iews Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting Federal Rules.	*	Shoreland		U Variance			Not in District or Landma		
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie		
3.			Flood Zon			Conditional Us			Requires Review	
			Subdivision		Interpretatio		[	Approved		
			Site Plan		Approved			Approved w/Condition		
			Maj 🗌 Minor 🗌 MM 🗌			Denied			Denied	
		Date:			Date:		Da	Date:		

## 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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	РНО	

Location of Construction:	Owner Name:	Owner Name:			Phone: 207-766-3323 Phone	
99 Luther St - P.I.	Eisenberg Carol		99 Luther St Contractor Address:			
Business Name:	Contractor Name:					
Lessee/Buyer's Name	Phone:		Permit Type: Change of Use - Dwell	lings	Zone:	
<b>Note:</b> 04/01/04 - ZBA approv		on 3/4/04 for the			Ok to Issue: 🗹	
shall require a separate perm	it application for review and a ed on the basis of plans subm	approval.				
<ul> <li>shall require a separate perm</li> <li>2) This permit is being approve work.</li> <li>Dept: Building Statu Note:</li> <li>1) As discussed, there must be</li> </ul>	<ul> <li>application for review and a ed on the basis of plans subm</li> <li>as: Approved with Condition</li> <li>an access opening to the crav</li> </ul>	approval. itted. Any devia ns <b>Reviewer:</b> wl space. The ac	ations shall require a sep Tammy Munson cess opening must be 1	parate approval be Approval Date 8" x 24".	efore starting that e: 05/04/2004 Ok to Issue:	
<ul> <li>shall require a separate perm</li> <li>2) This permit is being approve work.</li> <li>Dept: Building State Note:</li> </ul>	nit application for review and a ed on the basis of plans subm us: Approved with Condition an access opening to the crav- iew process, the vents for the	approval. itted. Any devia ns <b>Reviewer:</b> wl space. The ac	ations shall require a sep Tammy Munson cess opening must be 1	parate approval be Approval Date 8" x 24".	efore starting that e: 05/04/2004 Ok to Issue:	
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<ul> <li>shall require a separate perm</li> <li>2) This permit is being approve work.</li> <li>Dept: Building State</li> <li>Note: <ol> <li>As discussed, there must be</li> <li>As discussed during the rev additional vent must be added</li> </ol> </li> </ul>	nit application for review and a ed on the basis of plans subm us: Approved with Condition an access opening to the crav- iew process, the vents for the ed for a total of 6 vents.	approval. itted. Any devia ns <b>Reviewer:</b> wl space. The ac crawl space mu	ations shall require a sep Tammy Munson cess opening must be 1 ast be within 3' of the co	Approval Date Approval Date 8" x 24". rners of the space	efore starting that e: 05/04/2004 Ok to Issue: 🗹 e and an	

4/15/04-tmm: spoke w/owner - need dimensions and more info on plans - will revise and supply info.

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