	y of Portland, Maine -	Permit No: 09-1221		Issue Dat	Issue Date:		CBL: 087 OO007001				
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name:				207) 874-8710	Owner Address:			Phone:			
				WILLIAM B & PAT PO BOX 7637							
Bus	iness Name:		Contractor Name: William Bunton			Contractor Address:			Phone 2079206429		
Les	see/Buyer's Name	Phone:			87 Middle Road Cumberland Permit Type:				2078296438 Zone:		
					Additions - Dwellings						
	t Use:	Proposed Use:	ngle Family Home - Enclose		Perm	it Fee:	Cost of Wo		CEO District:		
Sin	gle Family Home	Single Family existing Porch			\$200.00   FIRE DEPT:		\$18,0	00.00 1 INSPECTION:			
		emsung 1 oren				<u> </u>	Approved		roup:	Type	
						<u>L</u>	_ Denied				
D	I Declaration				-						
	posed Project Description: close existing Porch				Signature:			Signature:			
	-				PEDESTRIAN ACTIVITIES DISTR						
					Action Approved Approved Approved				ed w/Condition Denied		
					Signa	ture:			Date:		
	mit Taken By:	Date Applied For:			Zoning Approval						
	dobson	10/29/2009	Special Zone or Reviews		ews	ws Zoning Appeal			Historic Preservation		
1.	This permit application do Applicant(s) from meeting Federal Rules.	-	Shoreland		c ws	☐ Variance			Not in District or Landm		
2.	Building permits do not in septic or electrical work.	clude plumbing,	☐ Wetland			Miscellaneous			Does Not Require Revie		
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon		Conditional Us			Requires Review		
	False information may inv permit and stop all work	validate a building			☐ Interpretatio			Approved			
			☐ Si	te Plan		Approved			Approved w/Condition		
				Mino MM	☐ Denied				☐ Denied		
			Date:		Date:			D	Date:		
I ha juri sha	reby certify that I am the over the context of the	owner to make this applermit for work described	med projection in the	as his authorized application is iss	ne prop d agent sued, I	t and I agree to certify that the	to conform to code office	to all ap	oplicable laws athorized repre	of this sentative	
SIC	GNATURE OF APPLICAN			ADDRES:	S		DATE	<u> </u>	P	НО	

Location of Construction:	Owner Name:		Owner Address:	Phone:								
16 CITY VIEW RD PEAKS ISLAND	ZIMMERMAN WILLIAM B & PAT		PO BOX 7637									
Business Name:	Contractor Name: William Bunton		Contractor Address: 87 Middle Road Cumberl	Phone 2078296438								
Lessee/Buyer's Name	Phone:		Permit Type:			Zone:						
			Additions - Dwellings									
Donte Zanina Status D	4:	Dariarran	. A Mashada	Ammuousl Do	to. 11/	05/2000						
Dept: Zoning Status: Pe	•	Reviewer	: Ann Machado	Approval Dat	Ok to Issue	05/2009 e: 🔽						
Note: 16 City View Rd used to be 14 Rear covered porch was permi	itted under #98-0278.St				OK to Issue	: <u>V</u>						
coverage. Stairs on right side encroach on side yard setback, but OK under section 14-425.  1) This property shall remain a single family dwelling. Any change of use shall require a separate permit application for review and approval.												
This permit is being approved on twork.	the basis of plans subm	itted. Any devi	ations shall require a sepa	rate approval b	efore startir	ng that						
Dept: Building Status: Pe	ending	Reviewer	: Residential Plan Revie	Approval Dat	te:							
Note:					Ok to Issue	:						
Comments:												
11/9/2009-tm: called contractor Bill Bu	unton and requested info	o on window fra	ming including headers.									
	•	CERTIFICATIO	)N									
I hereby certify that I am the owner of I have been authorized by the owner to jurisdiction. In addition, if a permit for shall have the authority to enter all area to such permit.	make this application a work described in the a	as his authorized application is iss	l agent and I agree to confo ued, I certify that the code	orm to all applion official's author	cable laws o orized repres	of this entative						
SIGNATURE OF APPLICAN		ADDRESS		DATE	DI	НО						