	y of Portland, Main Congress Street, 0410		_				09-0988	Issue Dat	e:	277 G04	17001
Location of Construction: Owner Nam						Owner Address:		Phone:			
21 CANDLEWYCK TER			DE OLIVEIRA EDUARDO S & KRIS			21 CANDLEWYCK TER					
Bus	iness Name:		Contractor Name: property owner			Contractor Address:			Phone		
Lessee/Buyer's Name Phone:						Permit Type: Additions - Dwellings					Zone:
			<u> </u>				1				<u> </u>
Past Use:Proposed UseSingle Family HomeSingle Famil				Home - 344 sq ft		Permit Fee: \$820.00		Cost of Wo			
Single Family Home			addition (family					Approved	INSPECTION:		
			, , ,				·] Approved] Denied	Use Gro		Type
								Denied			
_	posed Project Description										
344	4 sq ft addition (family ro	om)			Signature:						
						PEDESTRIAN ACTIVITIES DISTRIC			FRICT (P	CT (P.A.D.)	
						Ac	etion Approx	ved Ap	proved w/	Condition	Denied
						Sig	gnature:			Date:	
Peri	mit Taken By:	Date A	pplied For:			Zoning Approval			1		
Ldobson 09/09/2009			0/2009								
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		•	Special Zone or Revi		ews Zoning Appeal			Historic Preservation		
			eable State and	Shoreland			☐ Variance		☐ Not in District or Landn		
2.	Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous		☐ Does Not Require Revie		
3.	•			Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work			a building	Subdivision			☐ Interpretatio			Approved	
			☐ Site Plan Maj ☐ Mino ☐ MM			Approved			Approved w/Condition		
						☐ Denied			☐ Denied		
				Date:	Date:		Date:		Da	Date:	
I ha juris shal	reby certify that I am the we been authorized by the sdiction. In addition, if a ll have the authority to e uch permit.	ne owner to a permit fo	o make this appli r work described	med proication a	as his authorized application is is:	ne pa d ag	ent and I agree t I, I certify that th	o conform	to all ap _l cial's aut	plicable laws horized repre	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	E	P	НО

ocation of Construction:	Owner Name:		Owner Address:	Phone:	
21 CANDLEWYCK TER	DE OLIVEIRA EDUA	RDO S & KRIS	21 CANDLEWYCK TER		
susiness Name:	Contractor Name: property owner			Contractor Address:	
essee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings		Zone:
Dept: Zoning Stat Note:	tus: Approved with Condition	ons Reviewer	: Marge Schmuckal	Approval Dat	e: 09/10/2009 Ok to Issue: 🗹
) This is NOT an approval for limited to items such as stor	ves, microwaves, refrigerator a single family dwelling. Any	s, or kitchen sink change of use sh	all require a separate perm	nen equipment i provals. it application fo	including, but not
work.	on the custs of plants such			Ture upprovur	erore surroing unit
_	tus: Pending	Reviewer	: Residential Plan Revie	Approval Dat	
Note:					Ok to Issue:

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