	y of Portland, Mai Congress Street, 041		U				09-1224	Issue Dat	e:	090 B00	3001	
			Owner Name:			Owner Address:				Phone:		
11 OCEAN ST			CLEMENTS JEFFREY D & NANCY			46 WOOD ST						
Business Name:			Contractor Name:			Co	Contractor Address:			Phone		
			Thompson & Johnson Woodworker			115 Island Ave Peaks Island			2077665219			
Lessee/Buyer's Name			Phone:		Permit Type: Alterations - Dwellings				Zone:			
Past Use: Proposed Use:						Permit Fee:		Cost of Work: CE		CEO District:		
Single Family			Single Family - Interior remodal, windows & insulation.				\$820.00	\$80,0	000.00 1			
					FIRE DEPT:		Approved	INSPEC				
								Denied	Use Gro	oup:	Type	
Duc	posed Project Descriptio											
	erior remodal, windows		ion.			G:			Signatur	2:		
2220	•1101 101110 Guil, 11 11 100 11 10					Signature: PEDESTRIAN ACTIVITIES DIST						
										ved w/Condition Denied		
						Α	ction Appro	ved App	oroved w/	Condition	Demed	
						Si	gnature:			Date:		
Per	mit Taken By:		pplied For:	Zoning Approval								
jm	jmy 10/30		/2009									
1.	This permit application			Spec	ial Zone or Revi	ews	ews Zoning Appeal			Historic Preservation		
	Applicant(s) from meeting applicable S Federal Rules.		able State and	Shoreland		☐ Variance			☐ Not in District or Landr			
2.	Building permits do not include plumbing, septic or electrical work.		lumbing,	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 invalidate a be permit and stop all work			a building	Subdivision			☐ Interpretatio			Approved		
				Site Plan			Approved		Approved w/Condition			
			Maj 🗌 Mino 🗌 MM			☐ Denied		☐ Denied				
			Date:			Date:			Date:			
I ha juri: shal	reby certify that I am the ve been authorized by to sdiction. In addition, if the lawe the authority to such permit.	he owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne p d ag	gent and I agree t d, I certify that th	o conform to ne code office	to all app cial's aut	olicable laws of horized repres	of this sentative	
SIC	SNATURE OF APPLICAN				ADDRESS	S		DATE		p.	НО	
	and the brain				. IDDIED	-		<i>D</i> .1111	=	1		

Location of Construction: 11 OCEAN ST	Owner Name: CLEMENTS JEFFREY	D & NANCY	Owner Address: 46 WOOD ST	Phone:	Phone:		
Business Name:	Contractor Name: Thompson & Johnson	Contractor Name: Thompson & Johnson Woodworker		Contractor Address: 115 Island Ave Peaks Island		Phone 2077665219	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings	1		Zone:	
Dept: Zoning State Note:	us: Approved with Condition	ns Reviewer	: Marge Schmuckal	Approval Da	te: 11/0	03/2009	
This property shall remain a approval.	r an additional dwelling unit. It was, microwaves, refrigerators a single family dwelling. Any or the basis of plans subm	s, or kitchen sinl change of use sh	ks, etc. Without special ap nall require a separate peri	pprovals. mit application f	for review an	d	
work. Dept: Building State	us: Pending	Reviewer	: Tom Markley	Approval Da	ite:		
Note:				TK	Ok to Issue	:	
					Ok to Issue	: O	
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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
DECDONCIDI E DEDCON IN CHADCE OF WORK TIT	DATE	DHO	