City of Portland, Maine - 389 Congress Street, 04101	U			rmit No: 08-0191	Issue Date	e:	CBL: 092 F009	9001
Location of Construction: 665 ISLAND AVE	Owner Name: MARKS JEFFI	REY A & ROXANNE	Owner Address: 665 ISLAND AVE				Phone: 712-2281	
Business Name:	Contractor Nan Shannon nash		Contractor Address: Portland				Phone	
Lessee/Buyer's Name	Phone:			it Type: erations - Dwellings			·	Zone:
Past Use: Single Family Home	Proposed Use: Single Family I Renovations	Home - Minor		Approved		00.00	CEO District: 1 CTION: roup:	Туре
Proposed Project Description: Replace door, - Remove two in	terior partition.			ture: STRIAN ACTI on Appro			P.A.D.)	Denied
Permit Taken By: lmd	Date Applied For: 03/03/2008	Signature: Zoning Approval			Date:			
 This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 		Special Zone or Reviews		Zoning Appeal			Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie	
 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 		Flood Zon Subdivision		Conditional Us			 Requires Review Approved 	
F F		Site Plan		Approv	ed		Approved w/	Condition
		Maj 🗌 Mino 🗌 MM		Denied			Denied	
		Date:		Date:		D	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:	Construction: Owner Name:		Owner Address:	F	Phone:	
665 ISLAND AVE	MARKS JEFFREY A &	k ROXANNE	665 ISLAND AVE		712-2281	
Business Name:	Contractor Name:	Contractor Name:		F	Phone	
	Shannon nash		Portland			
Lessee/Buyer's Name	Phone:		Permit Type:		Zo	ne:
			Alterations - Dwellin	ngs		
Dept: Zoning Stat	tus: Approved	Reviewer	: Tom Markley	Approval Date:	: 03/04/2	2008
Note:				C)k to Issue:	1
Note.				e e		V
1) This is NOT an approval for	r an additional dwelling unit. Yves, microwaves, refrigerators		•	citchen equipment in	cluding, but n	_
 This is NOT an approval for limited to items such as stor 	•	, or kitchen sinl	ks, etc. Without special	kitchen equipment in approvals.	-	_
 This is NOT an approval for limited to items such as stor This property shall remain a approval. 	ves, microwaves, refrigerators	, or kitchen sinl hange of use sh	xs, etc. Without special nall require a separate p	kitchen equipment in approvals.	review and	iot
 This is NOT an approval for limited to items such as stor This property shall remain a approval. 	ves, microwaves, refrigerators a single family dwelling. Any c	, or kitchen sinl hange of use sh	xs, etc. Without special nall require a separate p	kitchen equipment in approvals. ermit application for Approval Date:	• review and • 03/03/2	iot
 This is NOT an approval for limited to items such as stor This property shall remain a approval. Dept: Building Stat Note: Separate permits are required 	ves, microwaves, refrigerators a single family dwelling. Any c	, or kitchen sinl hange of use sh ns Reviewer or HVAC syste	ks, etc. Without special nall require a separate p Tom Markley ms.	kitchen equipment in approvals. ermit application for Approval Date:	• review and • 03/03/2	10t 2008

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