Cit	y of Portland, Main	ne - Build	ling or Use Pe	rmit A	Application	Pe	rmit No:	Issue Dat	e:	CBL:		
	Congress Street, 041		0				04-0534			092 A00	08001	
Loc	ation of Construction:		Owner Name:			Owne	er Address:			Phone:		
622 Island Ave			Lasky Kathryn			622 Island Ave				766-2934		
Bus	iness Name:		Contractor Nam	ie:		Conti	ractor Address	s:		Phone		
Macy Orn			Macy Orme	e		Portland						
Lessee/Buyer's Name Phone:						Permit Type:					Zone:	
						Alterations - Dwellings						
Past Use: Proposed Use:					-	Permit Fee: Cost of Work		rk:	CEO District:			
			Single Family	Family w/shed dormer		\$48.00		\$3,0	00.00	1		
						FIRE DEPT:		Approved	INSPEC	SPECTION:		
								Denied	Hea Group:		Type	
								_ Demea				
Pro	posed Project Descriptio	n:										
She	ed dormer to expand exi	isting bathro	oom, 9.99 s.f.			Signature: S		Signatu	ignature:			
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (I	CT (P.A.D.)		
						Action: Approved Approved w/				Condition Denied		
						Signature:			Date:			
Permit Taken By: Date Applied For:					1 -			•	Date.			
jm	•	05/05			Zoning Approval				I			
	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Review		ews	vs Zoning Appeal			Historic Preservation		
1.			Shoreland		Variance			☐ Not in District or Landm				
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		
pormit and stop an work.			Site Plan			☐ Approved			Approved w/Condition			
				Maj Minor MM			Denied			☐ Denied		
				Date:			Date:		Da	Date:		
I ha	ereby certify that I am the eve been authorized by t sdiction. In addition, if	the owner to	make this appli	med pro	as his authorized	e pro l agen	t and I agree	to conform	o all ap	plicable laws	of this	
shal	Il have the authority to uch permit.											
SIC	GNATURE OF APPLICAN				ADDRESS	S		DATE	3	P	НО	

ocation of Construction:	Owner Name:	Owner Name:		Owner Address:		
622 Island Ave	Lasky Kathryn		622 Island Ave	766-2934		
usiness Name:	Contractor Name:	1	Contractor Address:	Phone		
	Macy Orme		Portland			
essee/Buyer's Name	Phone:]	Permit Type:			Zone:
			Alterations - Dwellings			
Dept: Zoning	Status: Approved with Condition	ions Reviewer:	Jeanine Bourke	Approval Dat	e: 05/	05/2004
Note:					Ok to Issue	e: 🗸
 This property shall reapproval. 	main a single family dwelling. Any	y change of use she	ar require a separate peri	int approaction is	or review ar	
	Status: Approved	Reviewer:	Jeanine Bourke	Approval Dat	e: 05/	05/2004
Dept: Building					O1 4 T	05/200
Dept: Building Note:					Ok to Issue	
•					Ok to Issu	
Note:	equired for any new electrical or pl	ll.:l-			Ok to Issue	
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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO