

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

CITY OF PORTLAND

BUILDING INSPECTION

PERMIT

Permit Number: 030650

Please Read Application And Notes, If Any, Attached

This is to certify that Shigley Basil Roy & /no contractor / seller

has permission to build 10' x 15' rear deck

AT 34 Fessenden St 116 D010001

provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of the Statutes of Maine and of the ordinances of the City of Portland regulating the construction, maintenance and use of buildings and structures, and of the application on file in this department.

Apply to Public Works for street line and grade if nature of work requires such information.

Notification of inspection must given and written permission procured before this building or part thereof landed or closed-in. HEAVY NOTICE IS REQUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVALS
Fire Dept.
Health Dept.
Appeal Board JUN 12 2003
Other
Department Name

PERMIT ISSUED

Signature of Director - Building & Inspection Services

CITY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

PERMIT ISSUED

City of Portland, Maine - Building or Use Permit Application

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 03-0650	Issue Date: JUN 12 2003	CBL: 116 D010001
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Location of Construction: 34 Fessenden St	Owner Name: Shigley Basil Roy &	Owner Address: 34 Fessenden St CITY OF PORTLAND	Phone:
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Alterations - Dwellings	Zone: R-5

Past Use: 2 unit	Proposed Use: 2 unit - build rear 10' x 15' deck	Permit Fee: \$37.00	Cost of Work: \$1,900.00	CEO District: 2
Proposed Project Description: build 10' x 15' rear deck		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied <i>W/A</i>	INSPECTION: Use Group: R-3 Type: SB BOVA 99 <i>[Signature]</i>	
		Signature:		

PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)	
Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied	
Signature:	Date:

Permit Taken By: tmm	Date Applied For: 06/10/2003	Zoning Approval	
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- This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.
- Building permits do not include plumbing, septic or electrical work.
- 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..

Scanned!
closed

Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: 6/12/03	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date:	Historic Preservation <input checked="" type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: 6/12/03
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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 APPLICANT ADDRESS DATE PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE DATE PHONE

9/24/03 - checked lock - no problem
seen script need handrails on steps
w/11 call when on - Tom M. (set back OK)

10/3/03 - checked handrails - OK now. OK to
close out permit. Tom M.

CBZ # 116-D-10

permit # 03-0652