

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: ** 263 Brighton Ave Portland 04102		Owner: *** Sandra Chanssee		Phone: 879-9748		Permit No: 001152
Owner Address:		Lessee/Buyer's Name:		Business Name:		
Contractor Name: SAA		Address: 64 Chadsey Rd Fownal ME 04069		Phone:		Permit Issued: OCT 13 2000
Past Use: single family		Proposed Use: same		COST OF WORK: \$ 300		
				PERMIT FEE: \$ 36.00		Zoning: B-3 CBL: 119-E-004
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Proposed Project Description: Alterations to existing deck				INSPECTION: Use Group A-3 Type: 5B BOC 494		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"/>
				Signature: _____ Date: _____		
Permit Taken By: K		Date Applied For: Oct 10 2000 K				Zoning Approval: OK with conditions

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. 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..

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 provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: **Oct 10 2000** PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

PERMIT ISSUED
WITH REQUIREMENTS

Historic Preservation
☒ Not in District or Landmark
☐ Does Not Require Review
☐ Requires Review

Action:

☐ Approved
☐ Approved with Conditions
☐ Denied

Date: _____

PERMIT ISSUED
WITH REQUIREMENTS
CEO DISTRICT **3**