

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK
CITY OF PORTLAND

Please Read Application And Notes, If Any, Attached

BUILDING DEPARTMENT

PERMIT

Permit Number: 051560

This is to certify that Holbrook Dorothy A/no contractor / self
has permission to build roof over entry stairs
AT 20 Beacon St City 119 E010001

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 be given and work on permit on procedure before this building or part thereof is closed or closed-in. FOUR 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 _____
Other _____
Department Name

PERMIT ISSUED
OCT 25 2005
CITY OF PORTLAND

[Signature] 10/25/05
Director - Building & Inspection Services

PENALTY FOR REMOVING THIS CARD

Closed

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

Permit No: 05-560	Issue Date: OCT 25 2005	CBL: 119 EC10001
Owner Name: Holbrook Dorothy A		Owner Address: 20 Beacon St
Business Name:		Contractor Name: no contractor / self
Lessee/Buyer's Name		Permit Type: Additions - Dwellings
Past Use: single family		Proposed Use: single family - build roof over entry stairs
Proposed Project Description: build roof over entry stairs		Permit Fee: \$30.00
		Cost of Work: \$1,000.00
		CEO District: 3
		FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied
		INSPECTION: Use Group: <i>R-3</i> Type <i>SB</i>
		Signature: <i>N/A</i>
		Signature: <i>[Signature]</i>
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied
		Signature: _____ Date: _____

Location of Construction: 20 Beacon St	Owner Name: Holbrook Dorothy A	Owner Address: 20 Beacon St	Phone: 232-2467
Business Name:	Contractor Name: no contractor / self	Contractor Address: Portland	
Lessee/Buyer's Name	Phone:	Permit Type: Additions - Dwellings	Zone: <i>R-3</i>
Past Use: single family	Proposed Use: single family - build roof over entry stairs	Permit Fee: \$30.00	Cost of Work: \$1,000.00
Proposed Project Description: build roof over entry stairs		CEO District: 3	FIRE DEPT: <input type="checkbox"/> Approved <input checked="" type="checkbox"/> Denied
		INSPECTION: Use Group: <i>R-3</i> Type <i>SB</i>	Signature: <i>N/A</i>
		Signature: <i>[Signature]</i>	PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input checked="" type="checkbox"/> Denied	Signature: _____ Date: _____

Permit Taken By: tmm	Date Applied For: 10/25/2005
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Zoning Approval		
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..	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: <i>10/25/05</i>	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: <i>10/25/05</i>	

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