						PERMIT	ISSUED	7	
City of Portland, N 389 Congress Street,				Cation	ermit No 02-1250	Issue Date	0 0000	BL 119 E009	9001
Location of Construction:		Owner Name:			er Addres:			one:	
16 Beacon St		Stover Patrick J			Beacon SC		Annual Control of the	7.774.62	.70
Business Name: Contractor Name				j	ractor Address		Ph	Phone	
Lessee/Buyer's Name	no contractor / self Portland  yer's Name Phone: Permit Type:							Zone:	
					nendment to	Single Famil	v	1	ZUIIC.
Past Use:	Proposed Use:	Proposed Use:			Permit Fee: Cost of Work: CEO District:				
single family		single family - amendment - change roof of rear addition		· -	E DEPT: /	1	\$0.00	3	
					Denied Us			se Group: R-3 Type: 5E	
amendment - change ro	amendment - change roof of rear addition.					Signature: Signature:			
				PEDI	ESTRIAN ACT	IVITIES DIST	TRICT (P.A.D.)		
				Actio	_ ··	oved [ App	proved w/Conditi	ons D	Denied
Permit Taken By: Date Applied For:			1	J Signa	Signature: Date:  Zoning Approval				
tmm		5/2002			Zomn	g Approva	11		
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone of Shoreland	r Reviews	Ews Zoning Appeal  Variance		/	Historic Preservation  [] Not in District or Landmark	
Building permits do not include plumbing, septic or electrical work.			☐ Wetland	// _	Miscellaneous			Does Not Require Review	
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			☐ Floodi Zone		Conditional Use		Rec	Requires Review	
			☐ Subdivision V				☐ Apı		
			Site Plan	!	Approv	/ed	∏ Арр	proved w/Co	nditions
			Maj Minor	MM	Denied		☐ Der	nied /	,
			Date: [ [ [		Date:		Date:	16/00	
I hereby certify that I am I have been authorized b jurisdiction. In addition, shall have the authority t such permit.	y the owner to , if a permit fo	o make this appli or work described	cation as his auth I in the application	that the pro- corized agen on is issued,	at and I agree I certify that	to conform t	to all applicab icial's authoriz	le laws of zed repres	this entative
SIGNATURE OF APPLICAN	ı <b>r</b>		. **	DDEGG					
ORDINATORE OF APPLICAN	11		AD	DRESS		DATE		PHONE	į
RESPONSIBLE PERSON IN	CHARGE OF V	VORK, TITLE			·	DATE		PHONE	

Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

## **CITY OF PORTLAND** B MOITA

Please Read Application And Notes, If Any, Attached

Permit Number: 021250

tures, and of the application on file

•	person or persons,		d of the	 •		comply with
AT 16 Beacon St				119 E00900	[	
has permission toan	mendment - change roof of	additio				
This is to certify that St	tover Patrick J/no contracto	elf				<del></del>

the construction, maintenance and u this department.

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

ication insped n must n permis and wi n procu e this I dina or t thered d or d Josed-in. R NOTICE IS REQUIRED.

gi

b

la

of buildings and sta

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

OTHER F	REQUIRE	PASRACIAL	PCCLIF	)	
Fire Dept	<u> </u>	EVIAILI	IOOULI	$\perp$	
Health Dept.					
Appeal Board		NOV -	8 2002		
Other				_	Car
	Departme	TV OF P	ORTLA	JD.	/
	101	11 01 1	OILLIA	NAL	TY FOR REMOVING THIS CARD

## All Purpose Building Permit Application

if you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: L	caca ST.	
Total Square Footage of Proposed Structure	Square Footage of Lot	
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# 19 9	PARELOX STOWER	Telephone: いし 541-6027 サンフィー60270
Lessee/Buyer's Name (If Applicable) Application telephore	ant name, address & one:	Cost Of Work: \$ Fee: \$ 30.00
Current use:  If the location is currently vacant, what was prior use.  Approximately how long has it been vacant:  Proposed use:  Project description:  CHAGES ADDITIONAL ADDIT		
Contractor's name, address & telephone:  Who should we contact when the permit is ready:  Mailing address:  I b BEACM  We will contact you by phone when the permit is review the requirements before starting any work, and a \$100.00 fee if any work starts before the per	ready. You must come in and with a Plan Reviewer. A stop w	6037 pick up the permit and
F THE REQUIRED INFORMATION IS NOT INCLUDED IN DENIED AT THE DISCRETION OF THE BUILDING/PLANNINFORMATION IN ORDER TO APROVE THIS PERMIT.  Thereby certify that I am the Owner of record of the named properties been authorized by the owner to make this application as I	ing DEPARTMENT, WE MAY REC	OUIRE ADDITIONAL orizes the proposed work and that i

Signature of applicant: Date: u/lcs

jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall