	y <b>of Portland, Mai</b> Congress Street, 041		U				09-0895	Issue Dat	e:	122 G00	01001	
	ation of Construction:		Owner Name:			Owner Address:				Phone:		
	Higgins St		Pinkham, Anissa Jill & David Potter			37 Higgins Street						
Bus	iness Name:		Contractor Name: Philip Chase			Contractor Address: 126 Black Strap Road Falmouth			Phone 207838238			
Less	see/Buyer's Name		Phone:				Permit Type: Alterations - Dwellings				Zone:	
Past Use: Proposed				<u> </u>		Permit Fee:		Cost of Work: CF		CEO District:		
Two Family			_	Remove existing wood		\$160.00		\$14,000.00		5		
			foundation & replace with 10" concrete.					Approved Denied		INSPECTION: Use Group: Type		
<b>D</b>	ID ' (D ) (C											
	posed Project Description  move existing wood for		replace with 10"	re.	Signature: Si			Signatur	Si amatuma.			
Remove existing wood foundation & replace with 10"					concrete.		PEDESTRIAN ACTIVITIES DISTR			Signature: RICT (P.A.D.)		
						Action Approved Approved w/C						
							Signature:			Date:		
			pplied For: /2009	Zoning Approval								
1.	This permit application	preclude the	Spec	ial Zone or Revi	ews	ws Zoning Appeal			Historic Preservation			
	Applicant(s) from meeting applicable Stat Federal Rules.			Shoreland			☐ Variance			☐ Not in District or Landr		
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland			Miscellaneous			☐ Does Not Require Revie		
3.	within six (6) months	lding permits are void if work is not started nin six (6) months of the date of issuance.			Flood Zon		Conditional Us			Requires Review		
False information may invalidate a build permit and stop all work			a building	Subdivision		☐ Interpretatio			Approved			
				Site Plan			Approved			Approved w/Condition		
				Maj 🔲 Mino 🔲 MM			☐ Denied			☐ Denied		
				Date:			Date:			Date:		
I ha juri: shal	reby certify that I am the verties been authorized by the sdiction. In addition, if the latter the authority to buch permit.	the owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne p d ag	ent and I agree t d, I certify that th	o conform	to all app cial's autl	olicable laws of horized repres	of this sentative	
SIC	SNATURE OF APPLICAN				ADDRESS	S		DATE	2	P	НО	

Business Name:   Contractor Name:   Philip Chase   Phone:   26 Black Strap Road Falmouth   2078382389	iness Name:  Contractor Name: Philip Chase Phone: Permit Type: Alterations - Dwellings  Permit Sperate permits shall be required for future decks, sheds, pools, and/or garages.  This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, bu limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.  This property shall remain a two family dwelling. Any change of use shall require a separate approval before starting approval.  This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting approval before starting approval.	Zone:
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	ote: 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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO