City of Portland, Maine - Bu	ilding or Use	Permit Applicat	tion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	(207) 874-8703	s, Fax: (207) 874-8	3716	2013-02032		124 B007001
Location of Construction:	Owner Address:			Phone:		
118 BEACON ST	MENCE E 0-		118 BEACON ST PORTLAND, ME 04103		ME (207) 774-3732	
Business Name:	Contractor Name:		Contractor Address:			Phone
	Lance Yule lance@starflig	Lance Yule lance@starflightrides.com		. Box 3929 Portl	(207) 650-2267	
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
				erations - Single		R3
Past Use:	Proposed Use:		Permit Fee: Cost of Work: \$200.00 \$18,			CEO District:
Single Family Home	Single Family	Single Family Home		\$200.00 ECTION:	00.00 7	
Proposed Project Description:						
Existing 8' x 21' deck - remove trell	-replace with roof					
to match two orginal deck roofs		PEDESTRIAN ACTIVITIES DISTRIC  Action: Approved Approved  Signature:				
				ved Approve	ed w/Conditions Denied	
					Date:	
Permit Taken By: Date Applied For: 09/10/2013			Zoning Approval			
This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
		Shoreland		☐ Varianc	ee	Not in District or Landmar
2. Building permits do not include septic or electrical work.	☐ Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if wo within six (6) months of the date	Flood Zone		Condition	onal Use	Requires Review	
False information may invalidate permit and stop all work	Subdivision		Interpre	etation	Approved	
	☐ Site Plan		Approv	ed	Approved w/Conditions	
	Maj Minor MM		] Denied		Denied	
	Date:		Date:		Date:	
		CERTIFICA	TIO	N .		
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	amed property, or the lication as his authored in the application	nat the rized a is issu	proposed work agent and I agree ued, I certify that	e to conform to t the code offici	all applicable laws of this al's authorized representative
SIGNATURE OF APPLICANT	ADDRESS			DATE	PHONE	
RESPONSIBLE PERSON IN CHARGE OF	WORK, TITLE				DATE	PHONE