City of Portland, Maine - Building or Use Permit Application						Per	rmit No:	Issue Dat	e:	CBL:	
389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 87					207) 874-8716	04-0973			124 B00	124 B009001	
Location of Construction: Owner Name:						Owner Address:			Phone:		
104 Beacon St Deslauriers Ma				arc E &		104 I	104 Beacon St				
Business Name: Contrac			Contractor Nam				actor Address	s:		Phone	
Steve McNa					1	Port	land			207577026	53
Lessee/Buyer's Name Phone:							it Type:				Zone:
]	Additions - Dwellings					
Past Use: Proposed Use:						Permit Fee: Cost of Work:			rk:	CEO District:	
					build 16' x 18' addition		\$471.00	\$50,0	00.00	3	
and interior rea					novations		FIRE DEPT: Appr		INSPECTION:		
								Use Gr	se Group: Type		
							_				
	posed Project Description]					
bui	lld 16' x 18' addition and i	nterior re	novations			Signature: Signature:					
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (T (P.A.D.)	
						Action: Approved Approved Approved			proved w	d w/Condition Denied	
						Signa	ture:		Date:		
Peri	mit Taken By:	Date A	pplied For:			1	Zoning	Approva	1		
tm	nm	07/14	/2004				Zomię	, ripprova	•		
1.	This permit application	does not	not proclude the		Special Zone or Reviews		zs Zoning Appeal			Historic Preservation	
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variance			Not in District or Landm			
2.	Building permits do not include plumbing, se or electrical work.		olumbing, septic	Wetland		Miscellaneous			☐ Does Not Require Revie		
3.				☐ Flood Zon			Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work				Subdivision			☐ Interpretatio			Approved	
			☐ Site Plan Maj ☐ Minor☐ MM ☐			☐ Approved ☐ Denied			☐ Approved w/Condition ☐ Denied		
				Date:			Date:		D	Date:	
I ha juris shal	reby certify that I am the ve been authorized by the sdiction. In addition, if a Il have the authority to er uch permit.	e owner to permit fo	o make this appli r work described	med procation a	as his authorized application is iss	ne prop l agent sued, I	t and I agree certify that the	to conform he code offi	to all ap cial's au	oplicable laws of thorized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRESS	S		DATI	Ξ	P	НО

Deslauriers Marc E & Contractor Name: Steve McNally Phone:		104 Beacon St Contractor Address: Portland Permit Type:		one 075770263		
Steve McNally		Portland		075770263		
+			20			
Phone:		Permit Type:		2	Zone	
			• •		Zone:	
		Additions - Dwellings				
Approved	Reviewer	: Tammy Munson	Approval Date:	07/10	6/2004	
			Ok	to Issue:	~	
	Approved	Approved Reviewer	Approved Reviewer: Tammy Munson	Approved Reviewer: Tammy Munson Approval Date:		

Note:	Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approvai Date: Ok to	0//16/2004 Issue: ✓
Dept: Note:	Building	Status:	Approved	Reviewer:	Tammy Munson	Approval Date: Ok to	07/16/2004 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	РНО