City of Portland, Maine - B	uilding or Use	Permit Applicat	ion	Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel	l: (207) 874-8703	, Fax: (207) 874-8	716	2013-02030		124 G011002
Location of Construction:		Owner Address:		Phone:		
206 COYLE ST (unit 2)	MEDD DONA S SIMONS JT			COYLE ST # 2 03	PORTLAND,	, ME (207) 775-5927
Business Name:	Contractor Name	Contractor Name:		ractor Address:	Phone	
	•	Paul Kennedy paul.andrew.kennedy@gmail.com		Best Street Portla	(207) 632-6098	
Lessee/Buyer's Name	Phone:			it Type:	Zone:	
				ditions - Single l	R5	
Past Use:	Proposed Use:			Permit Fee: Cost of Work:		CEO District:
Single family condo (2 family)	Single family	Single family condo (2 family)		\$260.00 ECTION:	00.00 7	
Proposed Project Description:						
replace existing deck adding pergo						
level deck and replacing dividing	o condos - unit 2 PEDESTRIAN ACTIVITIES		TIES DISTRICT (S DISTRICT (P.A.D.)		
		Action: Approved Approved Approved Signature:		ved Approve	ed w/Conditions Denied	
					Date:	
ermit 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 ☐ Wetland		☐ Varianc	ee	Not in District or Landmar
2. Building permits do not include septic or electrical work.	Miscella			aneous	Does Not Require Review	
3. Building permits are void if w within six (6) months of the day	Flood Zone		Condition	onal Use	Requires Review	
False information may invalid 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 I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all such permit.	er to make this appl t for work describe	amed property, or the lication as his authored in the application	at the ized 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		ADDR	ESS		DATE	PHONE
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE				DATE	PHONE