Cit	y of Portland, Maine	- Build	ling or Use Pe	ermit A	Application	I	Permit No:	Issue Dat	e:	CBL:		
389	Congress Street, 04101	Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-0628			131 F01	4001	
Location of Construction: Owner Name			Owner Name:			Ow	Owner Address:			Phone:		
154 Concord St			Meehan Donald & Lynne L Jts			154 Concord St						
Business Name:			Contractor Name:			Contractor Address:			Phone	Phone		
Lessee/Buyer's Name Phone:			Phone:			Permit Type: Alterations - Duplex				Zone:		
Past Use: Proposed Use:					1	Pei	Permit Fee: Cost of Work:			CEO District:		
1 -				aced rear entry door					\$0.00	4		
	•		and stairs		·	FIR		Approved Denied	Use Gr	CTION: roup:	Туре	
Pro	posed Project Description:		<u> </u>									
replace rear entry door and stairs						Signature: Signat			Signatu	uture:		
						PEDESTRIAN ACTIVITIES DISTRIC			TRICT (CT (P.A.D.)		
					Action: Approved Approved Approved		proved w	d w/Condition Denied				
						Sig	nature:			Date:		
		pplied For: 0/2004				Zoning Approval						
1.	l		nreclude the	Special Zone or Review		iews	ws Zoning Appeal			Historic Preservation		
1.		Fhis permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Shoreland		☐ Variano	☐ Variance		☐ Not in District or Landm			
2.	Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscell	Miscellaneous		☐ Does Not Require Revie			
3.				Flood Zon		☐ Conditional Us			Requires Review			
				Subdivision Site Plan			☐ Interpretatio			Approved		
							Approved			Approved w/Condition		
			Maj 🔲 Minor 🔲 MM 🗀			☐ Denied			☐ Denied			
				Date:	Date:		Date:		D	Date:		
I ha juri: shal	reby certify that I am the even authorized by the sdiction. In addition, if a place the authority to encuch permit.	owner to	o make this appli r work described	med procation a	as his authorize application is is	he pr d age sued	ent and I agree, I certify that t	to conform the code office	to all ap cial's au	oplicable laws of othorized repres	of this sentative	
SIC	GNATURE OF APPLICAN				ADDRES	S		DATE	E	Pl	НО	

DATE

PHO

RESPONSIBLE PERSON IN CHARGE OF WORK, TIT

Location of Construction: Owner Name:		Owner Name:		Owner Address:	Phone:		
		Meehan Donald & Lyi	Meehan Donald & Lynne L Jts				
		Contractor Name:		Contractor Address:]	Phone	
Lessee/Buyer's Name		Phone:		Permit Type: Alterations - Duplex			Zone:
Dept: Zoning	Status:	Approved	Reviewer:	Tammy Munson	Approval Date		20/2004
Note:					(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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK TIT		DATE	PHO