			PERM	IT ISSUED	
City of Portland, Mair 389 Congress Street, 0410	_		01 45161 000	Date: CBL 13 F028001	
Location of Construction:	ocation of Construction: Owner Name:		Owner Address: Phone:		
142 Concord St		Gamage Mary E &		142 Concord(SITY OF PORTLAND) 828-0258	
Business Name:	Contractor Name	:	Contractor Address: 9 Cedarwood Drive Falm	Phone	
		Bartley, Greg			
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings	Zone: R-S	
Past Use: Proposed Use:			Permit Fee: Cost of	Work: CEO District:	
single family single family v		v/extended dormers	\$48.00 S FIRE DEPT: Appro	Luse Group: 1/ - S Type: S. 15	
			$\int \mathcal{V}/\mathcal{H}$	BOCA 1999	
Proposed Project Description:				111 22 22	
extend dormer			Signature: Signature: The PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
			Action: Approved Signature:	Approved we onditions Denied Date:	
Permit Taken By: Date Applied For:			Zoning Approval		
dgc	12/12/2001		Zoning Approvai		
This permit application	does not preclude the	Special Zone or Revi	iews Zoning Appe	al Historic Preservation	
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	☐ Variance	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		Wetland	Miscellaneous	Does Not Require Review	
3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zone	Conditional (se	Requires Review	
False information may invalidate a building permit and stop all work		Subdivision	☐ Interpretation	Approved	
		Site Plan	Approved	Approved w/Conditions	
		Maj Minor MM	1 Denied	Denied /	
		Date: 12-16-16	Date: 12/12/	0 Date: 12/12/01	
I have been authorized by th jurisdiction. In addition, if a	e owner to make this appli permit for work described	cation as his authorized in the application is	the proposed work is authored agent and I agree to confissued, I certify that the cod	rized by the owner of record and that form to all applicable laws of this le official's authorized representative provision of the code(s) applicable to	
SIGNATURE OF APPLICANT		ADDRES	SS D	DATE PHONE	
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE				DATE PHONE	