City of Portland, Ma		O			10.0467	Issue Date	:	CBL:		
389 Congress Street, 04	101 Tel: (<u> </u>	, Fax: ((207) 874-871	6 10-0467			131 H	006001	
Location of Construction: Owner Name:					Owner Address:			Phone:		
119 GLENWOOD AVE BOIVIN MICH				E & GAIL A J	119 GLENWO					
Business Name:		Contractor Name			Contractor Address			Phone		
		Exactitude Inc		1	200 John Rober	ts Road Sout	h Portlan	d 2077613		
Lessee/Buyer's Name		Phone:			Permit Type:				Zone:	
				j	Additions - Du	plex			<u></u>	
Past Use:		Proposed Use:			Permit Fee:	Cost of Wor		CEO District:		
Duplex	÷		a Cupola to the barn		\$30.00	\$1,00	00.00	4		
		roof			FIRE DEPT:	Approved	INSPECT			
						Denied	Use Grou	ıp:	Type:	
Proposed Project Description:										
Add a Cupola to the barn	root				- T		Signature	•		
					PEDESTRIAN ACTIVITIES DISTRICT (P.			.A.D.)		
					Action: Appr	oved App	proved w/C	onditions	Denied	
					Signature:		т	Date:		
Permit Taken By:	Data A	oplied For:	ī		· ·			Jaic.		
ldobson	-	5/2010			Zonin	g Approva	al			
			Sne	ecial Zone or Revie	ws Zo	ning Appeal		Historic Pre	servation	
1. This permit application		-	Special Zolle of Kevie							
Applicant(s) from meeting applical Federal Rules.		cable State and	Shoreland		U Variai Variai	Variance		Not in District or Landmark		
	Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Misce	Miscellaneous		Does Not Require Review		
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work			Flood Zone		Condi	Conditional Use		Requires Review		
			Subdivision		Interp	Interpretation		Approved		
			☐ Si	te Plan	Appro	ved		Approved w	//Conditions	
			Maj Minor MM		Denied			Denied		
			Date:		Date:		Date	e:		
			(CERTIFICATION	ON		•			
I hereby certify that I am t that I have been authorized this jurisdiction. In addition	d by the own on, if a pern	ner to make this nit for work desc	applica cribed in	tion as his authon the application	orized agent and I	agree to con y that the co	form to a de officia	ll applicable l's authorize	e laws of ed	
code(s) applicable to such										

Location of Construction:	Owner Name:		Owner Address: Phone:		
119 GLENWOOD AVE	BOIVIN MICHAEL E & GAIL A J		119 GLENWOOD AVE		
Business Name:	Contractor Name:		Contractor Address:	Phone	
	Exactitude Inc		200 John Roberts Road South Portland	20776139	97
Lessee/Buyer's Name	Phone:		Permit Type: Z		Zone:
			Additions - Duplex		

Dept: Zoning **Status:** Approved with Conditions **Reviewer:** Marge Schmuckal **Approval Date:** 05/07/2010 **Note:** • Ok to Issue: ✓

- 1) Separate permits shall be required for future decks, sheds, pools, and/or garages.
- 2) This is NOT an approval for an additional dwelling unit. You SHALL NOT add any additional kitchen equipment including, but not limited to items such as stoves, microwaves, refrigerators, or kitchen sinks, etc. Without special approvals.
- 3) This property shall remain a two family dwelling. Any change of use shall require a separate permit application for review and approval.
- 4) This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.

 Dept:
 Building
 Status:
 Approved
 Reviewer:
 Tammy Munson
 Approval Date:
 05/10/2010

 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 APPLICANT	ADDRESS	DATE	PHONE