			FRMIT ISSI	IED
City of Portland, Ma	ine - Building or Use	Permit Applicatio	n Permit No: Issue Date	: CBL:
389 Congress Street, 04	101 Tel: (207) 874-8703	s, Fax: (207) 874-871	$16 \begin{array}{ c c c c c c c c c c c c c c c c c c c$	132 1004001
Location of Construction:	Owner Name:		Owner Address:	Phone:
158 Pleasant Ave Crocker Davi			158 Pleasant Ave Poul	207-879-0708
Business Name: Contractor Nam		:	Contractor Address UN	Phone
n/a Blackie Const		ruction	32 Brookhaven Dr Windham	2078923926
Lessee/Buyer's Name	Phone:		Permit Type:	Zone:
n/a	n/a		Additions - Dwellings	1K-5
Past Use:	Proposed Use:		Permit Fee: Cost of Wor	k: CEO District:
Single Family	Same: Build N	lew 9' X 16' Attached	\$36.00 \ \$1.50	00.00
- ·		n at 758-2288 When	FIRE DEPT: Approved	INSPECTION:
	Ready.		Denied	Use Group: 12 3 CTType: 35
			Denied	Use Group: TIST LEDType: 35
				Cat A 180/199
Proposed Project Description:	 		-	000
Build 9' X 16' Attached D	eck.		Signature:	Six Durk The
			PEDESTRIAN ACTIVITIES DIS	TRICT P.A. K.)
			Action: Approved Ap	proved w/Conditions Denied
			Action: Approved Ap	proved w/conditions beined
			Signature:	Date:
Permit Taken By: Date Applied For:			Zoning Approval	
cih	05/10/2001		8 11	
1. This permit application	on does not preclude the	Special Zone or Revi	ews Zoning Appeal	Historic Preservation
Applicant(s) from meeting applicable State and Federal Rules.		Shoreland NA	Variance	Not in District or Landma
2. Building permits do not include plumbing,		Wetland	Miscellaneous	Does Not Require Review
septic or electrical work. 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	Conditional Use	Requires Review
		Subdivision	Interpretation	Approved
L		Site Plan	Approved	Approved w/Conditions
Cloud		Maj Minor MM	Denied	Denied
Clased?		Date: OL T	Date:	Date:
	`	5/17	101	PERMIT ISSUED WITH REQUIREMENTS
I have been authorized by jurisdiction. In addition, if	the owner to make this appl f a permit for work describe	ication as his authorize d in the application is i	he proposed work is authorized agent and I agree to conform ssued, I certify that the code of	I by the owner of record and that to all applicable laws of this ficial's authorized representative ision of the code(s) applicable to
SIGNATURE OF APPLICANT		ADDRES	SS DATE	E PHONE
RESPONSIBLE PERSON IN C	HARGE OF WORK TITLE		DATE	F PHONE

3/20/13- Dech is completed a appears to be.
The print an others. Par in.

Observed

Penut to -0528

CBD# 132-I-y