Form # P 04

AT 25 Newman St

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

	CITY	OF	PORT	LANI					
Please Read Application And Notes, If Any,	RUIL DING INSPECTION					PERMIT ISSUED			
Attached	D. Hara Arman R. /Wilsing Day	. –	ERIVA		Permi	Number: (7 2005		
his is to certify that	Baltes Aaron & /Viking Rest	tion			1-			╁┈╁	
as permission to	Amend permit # 05-0469 to	d a 8' x	ling dec	k patio do		OITV AF	DODTLAN	 	
T 25 Newman St				134 C	001001	JIII Ur	PORTLAN	ע	

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provided that the person or persons of the provisions of the Statutes of the construction, maintenance and this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ificatio n and w en perm on proc re this lding or rt there ed or osed-in

QUIRED.

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

epting this permit shall comply with all

ances of the City of Portland regulating

e of buildings and suctures, and of the application on file in

OTHER REQUIRED APPROVALS

Fire Dept. Health Dept. Appeal Board Other ___ Department Name

PENALTY FOR REMOVING THIS CARD

City of Portland, Maine	- Building or Use l	Permi	t Application	Permit No:	Issue Date:	СВ	BL:			
389 Congress Street, 04101		08/2005 1	/2005 134 C001001							
Location of Construction:	Owner Name:	Owner Name:			Owner Address:			Phone:		
25 Newman St	Baltes Aaron &	Baltes Aaron &			25 Newman St			797-3816		
Business Name:	Contractor Name	Contractor Name:			Contractor Address:					
	Viking Restora	Viking Restoration			1809 Congress St Portland			2078282900		
Lessee/Buyer's Name	Phone:	Phone:		Permit Type:		Zone:				
				Amendment to S	ingle Family		{	52		
Past Use:	Proposed Use:	Proposed Use:		Permit Fee: Cost of World		: CEO Di	CEO District:			
Single Family	Single Family	Single Family w/amendment to		\$30.00		0.00	00 5			
		permit # 05-0469 to add a 8' x 15' freestanding deck & 6' patio door		FIRE DEPT: Approved U		INSPECTION:	SPECTION:			
	freestanding de					Use Group: \mathcal{L}	ise Group: R3 Type: SB			
				L_	_ Defiled	1-				
						TRC.	-200	3		
Proposed Project Description:							7	<i>i</i> 1		
Amend permit # 05-0469 to bu	iild a 8' x 15' freestandi	ng deck	& 6' patio	Signature:	Signature:	Signature: MB 9/7/07				
door				PEDESTRIAN ACT	RICT (P.A.D.)	CT (P.A.D.)				
				Action: Appro	ved Appr	oved w/Conditio	ed w/Conditions Denied			
				Signature:	Date:	Date:				
Permit Taken By:	Date Applied For:			Zoning	g Approval	l				
jmb	09/08/2005					777.4	P			
1. This permit application do	-	Spe	cial Zone or Revie	ws Zoning Appeal		Historic Preservation				
Applicant(s) from meeting	g applicable State and	able State and Shoreland		☐ Variance		Not	Not in District or Landmar			
Federal Rules.						/	/_			
2. Building permits do not include plumbing, septic or electrical work.			Wetland Miscellaneous		aneous	Does Not Require Review				
3. Building permits are void		☐ Flo	☐ Flood Zone ☐ Conditional Us		onal Use	Req	Requires Review			
within six (6) months of the date of issuance. False information may invalidate a building			•							
permit and stop all work	alldate a building	_ Su	bdivision	Interpre	tation	L App	proved			
permit and stop an work										
			e Plan	Approve	ed	App	proved w/Cor	iditions		
		 Moi⊺	☐ Minor ☐ MM	☐ ☐ Denied		Don	iad			
PERMIT	Maj [MINIOI MINI	Demed		Denied					
V Zittivii i	Date: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1/1/1 Pro-	Day 1	David And S					
		Date.	10	Date:		Date:	10 o k			
SEP 7	2005	Į,	/ 1	ı		_/				
	1 1									
CITY OF PO	DTLAND									
OITI OITO	MILAND									
		C	ERTIFICATION	ON						
I hereby certify that I am the ov	vner of record of the na	med pro	perty, or that th	e proposed work is	s authorized b	by the owner	of record a	and that		
I have been authorized by the o	wner to make this appli	ication a	s his authorized	agent and I agree	to conform to	all applicable	le laws of	this		
jurisdiction. In addition, if a pe										
shall have the authority to enter such permit.	all areas covered by su	ich pern	nit at any reason	able hour to enforce	ce the provis	ion of the coc	ie(s) appli	cable to		
виси рении.										
SIGNATURE OF APPLICANT			ADDRESS		DATE		PHONE			
RESPONSIBLE PERSON IN CHARC	GE OF WORK, TITLE				DATE	<u> </u>	PHONE			