v	,	<b>Building or Use Pe</b> Tel: (207) 874-8703,			rmit No: 09-0529	Issue Date	e:	CBL: 134 D00	8001
Location of Construction: 94 BEST ST		Owner Name: ROWE HOWA	Owner Name: ROWE HOWARD A JR & MARGA		Owner Address: 94 BEST ST			<b>Phone:</b> 207-773-4372	
Business Name:			Contractor Name: Property Soulutions LLC/ Paul Kenn		Contractor Address: 74 Best Street Portland			<b>Phone</b> 2076326098	
Lessee/Buyer's Name		Phone:	Phone:		<b>Permit Type:</b> Additions - Dwellings				Zone:
Single Family Home Single Family Deck(install		Deck(install Section 2017)	Home - Repair existing ona Tubes), Addition o Adjoin Existing Deck	bes), Addition <b>FIRE DEPT:</b>		rk: 0 00.00 INSPEC Use Gro		Туре	
Proposed Project Description: Repair existing Deck(install Sona Tubes), Addition of Existing Deck			80sf Deck to Adjoin	Signature: S PEDESTRIAN ACTIVITIES DISTR Action Approved Appro Signature:		proved w/	CT (P.A.D.)		
Permit Taken By:Date Applied For:Imd05/29/2009		Zoning Approval							
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>				Zonin	ag Appeal e		Historic Preservation		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			Does Not Require Revie		
<ol> <li>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</li> </ol>		Flood Zon Subdivision		Conditional Us			<ul> <li>Requires Review</li> <li>Approved</li> </ul>		
			Site Plan		Approv	ed		Approved w/	Condition
			Maj 🗌 Mino 🗌 MM	[	Denied			Denied	
			Date:		Date:		Da	te:	

## 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	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	Owner Name:	Owner Address:	Phone:			
94 BEST ST	ROWE HOWARD A JR & MARGA	94 BEST ST	207-773-4372			
Business Name:	Contractor Name:	Contractor Address:	Phone			
	Property Soulutions LLC/ Paul Kenn	74 Best Street Portland	2076326098			
Lessee/Buyer's Name	Phone:	Permit Type:	Zone:			
		Additions - Dwellings				
Dept: Zoning Status: Approved with Conditions Reviewer: Marge Schmuckal Approval Date: 06/01/2009						
	Approved with Conditions Reviewer	e n				
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 single family dwelling. Any change of use shall require a separate permit application for review and approval.						
<ol> <li>This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>						
Dept: Building Status: P	ending Reviewer	: Tom Markley Approval Dat	ie:			
Note:			Ok to Issue:			

## CERTIFICATION

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DEGRONGINI E DEDGON IN CULLDGE OF WORK THE			DUIO
SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО