					PERMIT ISS						
•	•	ding or Use Permit Application (207) 874-8703, Fax: (207) 874-871			01.0406		Issue Date: MAY - Z		CBL: 140 B026001		
Location of Construction:		Owner Name:	Owner Name:			Owner Address Phone:					
47 Carlyle Rd		Mccoy Richar	Mccoy Richard W &			47 Carlyle R CITY OF PORTLAND 773-4281					
Business Name:			Contractor Name:			Contractor Address: P					
n/a			Custom Carpentry, Bill Butler			16 Robert St. Falmouth				2078789103	
Lessee/Buyer's Name			Phone:		Permit Type:				Zone: 3		
n/a		n/a		<u> </u>	Alterations - Dwellings				162		
Past Use:		Proposed Use:	1 1						EO District:	7	
Single Family Proposed Project Description:		1	Same; Replace Existing Porch; Call Bill Butler at 878-4281 when ready.		\$48.00 \$4,000.00 2					<u> </u>	
						FIRE DEPT: Approved Denied Denied INSPECTION: Use Group: WITH REQUIREMENTS					
Replace Existing 8' X 24' Deck/Porch					Signature:			1 . /	Signature		
					PEDESTRIAN ACTIVITIES DISTRIC						
									Denied		
					Signature:				Date:		
Permit Taken By: cih	en By: Date Applied For: 04/24/2001			Zoning Approval							
This permit application does not preclude the second preclude			Special Zone or Revie		ews	zs Zoning Appeal			Historic Preservation		
Applicant(s) from meeting applicable Stat Federal Rules.			Shoreland			Variance			Not in District or Landmark		
2. Building permits septic or electrical	le plumbing,	Wetland			Miscellaneous			Does Not Require Review			
3. Building permits within six (6) mo		Flood Zone			Conditional Use			Requires Review			
False information permit and stop a	ate a building	Subdivision			☐ Interpretation			Approved			
			Si	te Plan		Approve	ed		Approved w/	'Conditions	
			Maj	Minor MM		Denied			Denied		
					1	Date:			Date:		
I hereby certify that I a I have been authorized jurisdiction. In addition	by the owner on, if a permit	r to make this appl for work describe	med proication and in the	as his authorized application is is	he propo d agent a ssued, I	and I agree certify that	authorized to conform the code off	by the ov to all app ficial's aut	licable laws thorized repr	rd and that of this resentative	
shall have the authority such permit.	o cher all a	areas covered by st	ien peri	ini ai any reasoi	nadie no	our to enforc	e tne provi	sion of th	e code(s) ap	plicable to	
SIGNATURE OF APPLICANT			ADDRESS		S	DATE			PHONE		
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE							DATE		PHO	ONE	