Form # P 04

Department Name

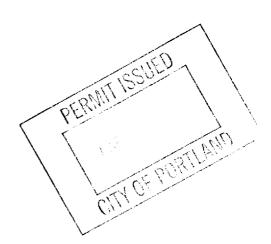
# DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

| Please Read                                                                                  | IT OF PORTLAND                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Application And Notes, If Any,                                                               | DECTION DECEMBER 1000000                                                                                                                                                                   |
| Attached                                                                                     | PERMIT ISSUED                                                                                                                                                                              |
| This is to certify thatHARMON NORMAN ]                                                       | D III DAWN MARIE HARMON                                                                                                                                                                    |
| has permission to Construct a 16' x 10' De                                                   | eck responsible MAR and 2006                                                                                                                                                               |
| AT 29 PYA RD                                                                                 | L 140 E020001                                                                                                                                                                              |
| provided that the person or person                                                           | ons rm or was known epting this permits fall ( ) 和 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [                                                                                                   |
| of the provisions of the Statutes                                                            | of the and of the mances of the City of Portland regulating                                                                                                                                |
| the construction, maintenance a                                                              | nd the of buildings and selectures, and of the application on file in                                                                                                                      |
| this department.                                                                             |                                                                                                                                                                                            |
| Apply to Public Works for street line and grade if nature of work requires such information. | ification of inspection must be nandwhen permound proceed.  A certificate of occupancy must be procured by owner before this building or part thereof is occupied.  JR NOTICE IS REQUIRED. |
| OTHER REQUIRED APPROVALS                                                                     |                                                                                                                                                                                            |
| Fire Dept                                                                                    |                                                                                                                                                                                            |
| Health Dept.                                                                                 |                                                                                                                                                                                            |
| Appeal Board                                                                                 | - Yhan I W W au Welle 3/20/ch                                                                                                                                                              |
| Other                                                                                        | Director - Building & Inspection Services                                                                                                                                                  |

PENALTY FOR REMOVING THIS CARD

| City of Portland, N                                                                                                                                                     |                                         | 0                                                          |                                  |                                       | "                              | mit No:                       | Flg4\\                                           | :1221                            |                                  |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------|----------------------------------|---------------------------------------|--------------------------------|-------------------------------|--------------------------------------------------|----------------------------------|----------------------------------|------------------------|
| 389 Congress Street,                                                                                                                                                    | `                                       | *                                                          | , Fax:                           | (207) 874-871                         |                                | 06 0310                       | <del>                                     </del> |                                  | 140 E                            | 020001                 |
| <b>Location of Construction:</b>                                                                                                                                        |                                         | Owner Name:                                                |                                  |                                       |                                | r Address:                    | MAR 3                                            | 0 20                             | 06 Phone:                        |                        |
| 29 PYA RD                                                                                                                                                               |                                         | HARMON NORMAN D III & DA                                   |                                  |                                       |                                | YA RD                         |                                                  |                                  | Pone                             |                        |
| Business Name:                                                                                                                                                          | Con                                     | Contractor Name:                                           |                                  |                                       | Jontra                         | actor Addres                  | CITY OF F                                        | ORTI                             | LAND                             |                        |
| Lessec/Buyer's Name Phone:                                                                                                                                              |                                         | one:                                                       |                                  |                                       | Permit Type:                   |                               |                                                  |                                  |                                  | Zone:                  |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       | Additions - Dwellings          |                               |                                                  |                                  |                                  |                        |
| Past Use:                                                                                                                                                               | <b>I</b>                                | Proposed Use:                                              |                                  |                                       | Permit Fee: Cost of Work:      |                               |                                                  |                                  | CEO District:                    |                        |
|                                                                                                                                                                         |                                         | Single Family Home/ Construct a 16' x 10'Deck rear of home |                                  |                                       | \$39.00 \$1,500.0              |                               |                                                  |                                  | 4                                |                        |
|                                                                                                                                                                         |                                         | x 10 Deck                                                  | :k rear of nome                  |                                       | Approved Denied U              |                               |                                                  | Use G                            | SPECTION: 3 Type: 5 A            |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       |                                |                               |                                                  | ノ                                | RC Z                             | 260                    |
| Proposed Project Bescripti                                                                                                                                              | 8 <b>n</b> :                            |                                                            |                                  |                                       | 1                              |                               |                                                  | )                                | 1                                |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       | Signat                         |                               |                                                  | Signat                           |                                  |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       | 'EDE                           |                               | CTIVITIES DIS                                    |                                  |                                  |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       | Action                         | n: App                        | oroved Ap                                        | proved w                         | /Conditions                      | Denied                 |
|                                                                                                                                                                         |                                         |                                                            | ,                                |                                       | Signa                          | ture:                         |                                                  |                                  | Date:                            |                        |
| Permit Taken By: ldobson                                                                                                                                                | <b>Date Applied</b> 03/07/200           |                                                            |                                  |                                       |                                | Zonii                         | ng Approva                                       | al                               |                                  |                        |
|                                                                                                                                                                         | ation does not prec                     |                                                            | Special Zone or Reviews          |                                       |                                | Zoning Appeal                 |                                                  |                                  | Historic Preservation            |                        |
|                                                                                                                                                                         | meeting applicable                      |                                                            | Shoreland                        |                                       | Variance                       |                               |                                                  | Not in District or Landma        |                                  |                        |
| 2. Building permits do not include plumbing, septic or electrical work.                                                                                                 |                                         | Wetland                                                    |                                  |                                       | 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                                                 |                                  |                                       | Conditional Use                |                               |                                                  | Requires Review                  |                                  |                        |
|                                                                                                                                                                         |                                         | Subdivision                                                |                                  |                                       | Interpretation                 |                               |                                                  | Approved                         |                                  |                        |
|                                                                                                                                                                         |                                         | Site Plan  Maj Minor MM                                    |                                  |                                       | Approved  Denied               |                               |                                                  | ☐ Approved w/Conditions ☐ Denied |                                  |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       |                                |                               |                                                  |                                  |                                  |                        |
|                                                                                                                                                                         |                                         |                                                            |                                  |                                       |                                |                               |                                                  |                                  |                                  |                        |
|                                                                                                                                                                         |                                         |                                                            | Date: 3/25/06                    |                                       | 770                            | late.                         |                                                  | 3                                | Date                             |                        |
| I hereby certify that I and I have been authorized by burisdiction. In additions shall have the authority such permit.                                                  | by the owner to man, if a permit for wo | ke this appli<br>ork describe                              | med pro<br>ication a<br>d in the | as his authorized<br>application is i | he prop<br>d agent<br>ssued, l | t and I agre<br>I certify the | ee to conform<br>at the code of                  | to all a<br>ficial's             | pplicable laws<br>authorized rep | s of this presentative |
| SIGNATURE OF APPLICA                                                                                                                                                    | NT                                      |                                                            |                                  | ADDRES                                | s                              |                               | DATE                                             | _ <del></del>                    | PHO                              | ONE                    |
| RESPONSIBLE PERSON IN                                                                                                                                                   | N CHARGE OF WORK                        | , TITLE                                                    |                                  |                                       |                                |                               | DATE                                             | <br>]                            | PHO                              | ONE                    |

| City of Portland, Maine - Buil                                                                                                                | Permit No:                   | Date Applied For: | CBL:                         |                      |                 |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------|------------------------------|----------------------|-----------------|--|--|
| 389 Congress Street, 04101 Tel: (                                                                                                             | 207) 874-8703, <b>Fax:</b> ( | 207) 874-871      | 6 06-0310                    | 03/07/2006           | 140 E020001     |  |  |
| Location of Construction:                                                                                                                     | Owner Name:                  |                   | Owner Address:               | •                    | Phone:          |  |  |
| 29 PYA RD                                                                                                                                     | HARMON NORMAN                | D III & DA        | 29 PYA RD                    |                      |                 |  |  |
| Business Name:                                                                                                                                | Contractor Name:             |                   | Contractor Address:          | Phone                |                 |  |  |
|                                                                                                                                               |                              |                   |                              |                      |                 |  |  |
| _essee/Buyer's Name                                                                                                                           | Phone:                       |                   | Permit Type:                 |                      |                 |  |  |
|                                                                                                                                               |                              |                   | Additions - Dwell            | ings                 |                 |  |  |
| 'roposed Use:                                                                                                                                 |                              | Propos            | ed Project Description:      |                      |                 |  |  |
| Single Family Home/ Construct a 16'                                                                                                           | x 10' Deck rear of home      | Const             | ruct a 16' <b>x</b> 10' Decl | k rear of home       |                 |  |  |
|                                                                                                                                               |                              |                   |                              |                      |                 |  |  |
|                                                                                                                                               |                              |                   |                              |                      |                 |  |  |
|                                                                                                                                               |                              |                   |                              |                      |                 |  |  |
|                                                                                                                                               |                              |                   |                              |                      |                 |  |  |
| Dept: Zoning Status: A                                                                                                                        | pproved with Condition       | s Reviewer        | Ann Machado                  | Approval Da          | ite: 03/28/2006 |  |  |
| Note:                                                                                                                                         |                              |                   |                              |                      | Ok to Issue:    |  |  |
| 1) 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: O                                                                                                                      | pen                          | Reviewer          | Tom Markley                  | Approval Da          | ite: 03/29/2006 |  |  |
| Note:                                                                                                                                         |                              |                   |                              |                      | Ok to Issue: 🔽  |  |  |
| Application approval based upon and approrval prior to work.                                                                                  | information provided by      | applicant. Any    | deviation from app           | roved plans requires | separate review |  |  |

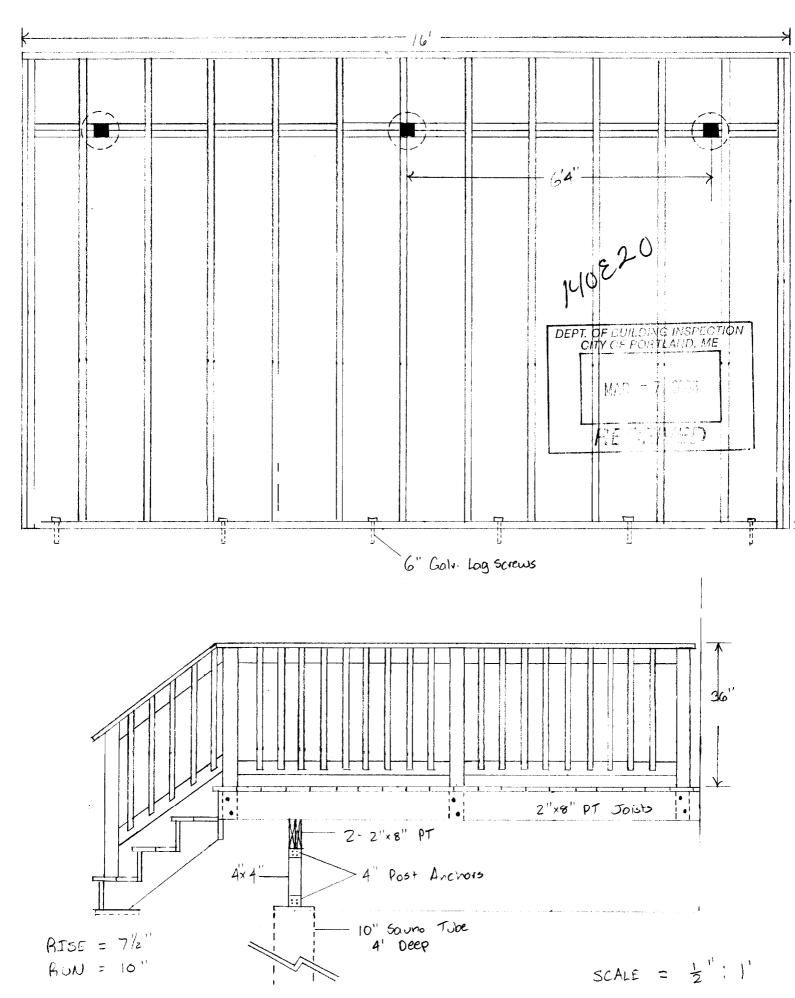


# **General Building Permit Application**

If you or the property owner owes real estate or personal property taxes of user **charges** on any property within **the City**, payment arrangements **must** be made before permits of any kind **are** accepted.

| ^                                                                                                                                                                                           |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Total Square Footage of Proposed Structure                                                                                                                                                  | Square Footage of Lot                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| 160 A <sup>2</sup>                                                                                                                                                                          |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Tax Assessor's Chart, Block & Lot                                                                                                                                                           | Owner: NORM & DAWN HARMON                         | Telephone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| Chart# Block# Lot#                                                                                                                                                                          | LANKIN STANK WEEMON                               | 756-5392                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
| Lessee/Buyer's Name (If Applicable)                                                                                                                                                         | Applicant name, address & telephone:              | Cost Of<br>Work: \$ 1500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |
|                                                                                                                                                                                             | Norm Harmon<br>25 Pya Rd                          | WOIK: \$ 1,510                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| _                                                                                                                                                                                           | 25 Pvs Rd                                         | Fee: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
|                                                                                                                                                                                             | 756-5392                                          | C of O Fee: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |  |  |
| Current Specific use: SF House                                                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| If vacant, what was the previous use? Proposed Specific use:                                                                                                                                |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Project description: (onstruction of a                                                                                                                                                      | 16' x 10' deck on the n                           | ear of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |  |  |
| house.                                                                                                                                                                                      |                                                   | BUILDING INSPECTION  BUILDING |  |  |  |  |  |
| Contractor's name, address & telephone:                                                                                                                                                     |                                                   | OF BUILD BY THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| _                                                                                                                                                                                           | Nove 1/200                                        | DEPT OF BUILD OF PORTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |  |  |
| Who should we contact when the permit is read Mailing address:                                                                                                                              | Phone: 7565392                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Mailing address: Phone: 75.65391                                                                                                                                                            |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| Please submit all of the information outl                                                                                                                                                   | ined in the Commercial Application                | on Checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |
| Failure to do so will result in the automa                                                                                                                                                  | tic denial of your permit.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| n order to be sure the City fully understands the full                                                                                                                                      |                                                   | - L C ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |  |  |
| request additional information prior to the issuance www.portlandmaine.gov, stop by the Building Inspec                                                                                     |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                                                             |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
| I hereby certify that I am the Owner of record of the name<br>been authorized by the owner to make this application as h<br>In addition, if a permit for work described in this application | is/her authorized agent. I agree to conform to al | applicable laws of this jurisdiction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |  |  |
| authority to enter all areas covered by this permit at any rea                                                                                                                              |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |  |  |  |
|                                                                                                                                                                                             | 1                                                 | 7-7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |
| Signature of applicant:                                                                                                                                                                     | Date: 4                                           | 7/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |  |  |
| , ,                                                                                                                                                                                         | $\supset$                                         | 1 [                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |  |  |

This is not a permit; you may not commence ANY work until the permit is issued.



NORM HARMON 29 PVA RD. 756-5392

## DECK INFORMATION REQUIRED WITH YOUR APPLICATION

there is a transformation registed for the review of dees open eatient in a subjected day is a compact, application packages. Please lebe following themselves an volument

| A complete plot plan showing all structures & proposed stabilied                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tructures with distances to all property lines |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| A comman amembers supporting framing of floor systems and society of the part | Anchor                                         |
| Framme Members  1. Ladged size intached to punding 2x8x16  1. Ladged size and spacing on ledger  2. Ladged size and spacing Top of Ledge  2. Under so a and spacing 2'x8' Hangers  2. Sost so a space and spacing 2'x8' Hangers  3. Sost so a space of size 2'x8' Hangers  4. Sost so a space of size 2'x8' Hangers  5/4'x6'  Chardrails & Handrail Details  5 Sandrail bening 31' 334'  5 Sandrail bening 34''                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | m/ Six8. Frager                                |
| Stan Details  Could pur emeasure a desing to nosing 10 th leave regin 7½ the second resident of the second resident resident of the second resident | 10 92                                          |

This page contains a detailed description of the Parcel ID you selected. Press the **New Search** button at the bottom of the screen to submit a new query.

#### **Current Owner Information**

Card Number 1 of 1
Parcel ID 140 E020001
Location 29 PYA RD
Land Use SINGLE FAMILY

Owner Address HARMON NORMAN D III & DAWN-MARIE HARMON

29 PYA RD

10631 SF

PORTLAND ME 04103

Book/Page 20620/299

Legal 140-E-20
PYA RD 27-33

Current Assessed Valuation For Fiscal Year 2006

Land Building Total \$87.600 \$81,750 \$169,350

# Estimated Assessed Valuation For Fiscal Year

2007\*

Land Building Total \$129,000 \$92,400 \$221,400

### **Property Information**

| Year Built Style 1954 Ranch |            | Story Height<br>1 | <b>sq. Ft.</b><br>1152 | _                    |                  |  |
|-----------------------------|------------|-------------------|------------------------|----------------------|------------------|--|
| Bedrooms<br>2               | Full Baths | Half Baths        | Total Rooms            | <b>Attic</b><br>None | Basement<br>Full |  |
| 2                           | 1          | 1                 | 5                      | None                 | F                |  |

### **Outbuildings**

Type Quantity Year Built Size Grade Condition

#### Sales Information

 Date
 Type
 Price
 Book/Page

 12/01/2003
 LAND + BLDING
 \$210,000
 20620-299

#### Picture and Sketch

Picture Sketch Tax Map

Click here to view Tax Roll Information.

<sup>\*</sup> Value subject to change based upon review of property status as of 4/1/06. The tax rate will be determined by City Council in May 2006.

arread 04-1716 7411-50 31 "Scaled Distance from house to prop ofly line 1/2 126"= > Existing willis HOUSE DRAWING WISETBACKS Stronge electricks Service panel. ZONING DISTRICT IS R-3 75'± nay Van Pya Road apparent r/w # Front 25' Reg 28' shown
2 story 14' Reg 12'6" shown
Can Veduce one side to min 8'
for every foot increase on opposheside
fear 25' Leg 31 saled Of
the 25' Leg 31 saled Of
the Ex found 100% Distance From house to property line 15 \* 22 '6, ± R3 Come