Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

|  | CITY OF PORTLAND   |                  |
|--|--|------------------|
| Please Read Application And            | E CONTRACTOR DE COMPANION DE CO | PERMIT ISSUED    |
| Notes, If Any, Attached                | PERM   | Number: 070352   |
| This is to certify that RICE WILLIAM R |  | APR 1 8 2007     |
| •                                      |  |                  |
| has permission to Rebuild of deck, sta |  | CITY OF PORTLAND |
| AT 938 FOREST AVE                      | L 142 E003001  |                  |

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of buildings and

tion 2

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

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

OTHER REQUIRED APPROVALS

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

epting this permit shall comply with all

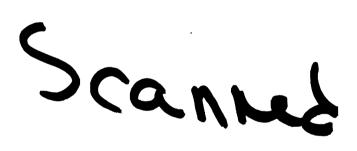
ances of the City of Portland regulating

ctures, and of the application on file in

| 0111511112401115 | D ALL HOVALO |
|------------------|--------------|
| Fire Dept. Wes   | 1452 g       |
| Health Dept      |              |
| Appeal Board     |              |
| Other            |              |
| Departmen        | t Name       |

Thanash Markey 4/18/07
Director - Building & Inspection Sorvices

PENALTY FOR REMOVING THIS CARD



| City of Portland, Maine - B   | Building or Use                  | Permi  | t Application       | Permit No:                             | Issue Date                   | :            | CBL:                       |                  |  |
|---|----------------------------------|--|---------------------|--|------------------------------|--------------|----------------------------|------------------|--|
| 389 Congress Street, 04101 Te   | _                                |  |                     |  |                              |              | 142 E0                     | 03001            |  |
| Location of Construction:   | Owner Name:                      | Owner Name:  |                     |  | Owner Address:               |              |                            |                  |  |
| 938 FOREST AVE  | RICE WILLIA                      | RICE WILLIAM R & KAREN L JT  |                     |  | 938 FOREST AVE               |              |                            |                  |  |
| Business Name:  | Contractor Name                  | Contractor Name:<br>property owner   |                     |  | Contractor Address: Portland |              |                            |                  |  |
|   | property owne                    |  |                     |  |                              |              |                            |                  |  |
| Lessee/Buyer's Name   | Phone:                           | <del> </del>   |                     |  |                              |              | <u> </u>                   | Zone:            |  |
|   |                                  |  |                     |  | Alterations - Dwellings      |              |                            | RP               |  |
| Past Use:   | Proposed Use:                    | Pronosed Use:  |                     |  | Permit Fee: Cost of Work: C  |              |                            |                  |  |
|   |                                  | sidential Rebuild of   |                     | \$60.00                                | 00.00                        | 4            |                            |                  |  |
|   | deck stairs an                   | deck, stairs and banister in same footprint (after the fact panit) office ? I du (97-1771) |                     |  | FIRE DEPT: Approved INSPECT  |              |                            | CTION:           |  |
|   | footprint (af                    |  |                     |  |                              |              |                            | Type: <b>5 B</b> |  |
| legal.  | 181- office                      | office 1 du (97-vair)  |                     |  |                              |              |                            |                  |  |
|   |                                  | (  |                     |  | TO NEPA LOT   -1             |              |                            | tRC 2003         |  |
| Proposed Project Description:   |                                  |  |                     |  |                              |              | ,                          |                  |  |
| Rebuild of deck, stairs and baniste   | er i <del>n same footprint</del> | -(w  | art has             | Signature: (area Coss Signature: Jan 4 |                              |              |                            | 1/18/07          |  |
| already beendone.)  | •                                |  | ,                   | PEDESTRIAN ACT                         | D.)                          | 4.01.        |                            |                  |  |
|   |                                  |  |                     | Action: Appro                          | proved w/Con                 | ditions 🗀    | Denied                     |                  |  |
|   |                                  |  |                     | Action: Appre                          | med App                      | proved w/Con | ditions                    | Demed            |  |
|   |                                  |  |                     | Signature:                             |                              | Da           | te:                        |                  |  |
| Permit Taken By: Da   | te Applied For:                  |  |                     | Zoning                                 | g Approva                    | <br>al       |                            |                  |  |
| dmartin0  | 4/03/2007                        |  | _                   |  |                              |              |                            |                  |  |
| 1. This permit application does   | not preclude the                 | Special Zone or Reviews  |                     | S Zoning Appeal                        |                              |              | Historic Preservation      |                  |  |
| Applicant(s) from meeting applicable State and Federal Rules.   |                                  | ☐ Si   | oreland             | ☐ Varian                               | ☐ Variance                   |              | Not in District or Landmar |                  |  |
| <ol> <li>Building permits do not include plumbing, septic or electrical work.</li> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol> |                                  | │ □ ŵ  | etland              | Miscell                                | Miscellaneous                |              | Does Not Require Review    |                  |  |
|   |                                  | │  | ood Zone            |  | Conditional Use              |              | Requires Review            |                  |  |
| False information may invalid permit and stop all work  |                                  | j  |                     | ☐ Interpretation                       |                              |              | Approved                   |                  |  |
|   |                                  | Si   | te Plan             | Approv                                 | ed                           |              | Approved w                 | /Conditions      |  |
| PERMIT ISSU   | ED                               | Maj [  | Minor MM            |  |                              |              | Denied                     |                  |  |
|   |                                  | UK w Condition   |                     | •                                      |                              |              | April                      |                  |  |
| APR 1 g 200   | 7                                | Date:  | 115107 AGU          | Date:                                  | Date                         |              | 8                          |                  |  |
|   | ļļ                               | _  | ,                   |  |                              |              |                            |                  |  |
| OLTY OF DODTI   | AND                              |  |                     |  |                              |              |                            |                  |  |
| CITY OF PORTL   | ANU                              |  |                     |  |                              |              |                            |                  |  |
|   |                                  |  |                     |  |                              |              |                            |                  |  |
|   |                                  | _  |                     |  |                              |              |                            |                  |  |
|   |                                  |  | ERTIFICATI          |  |                              |              |                            |                  |  |
| I hereby certify that I am the owne I have been authorized by the owner   | r of record of the na            | med pro  | operty, or that the | ie proposed work i                     | s authorized                 | by the own   | ner of reco                | rd and that      |  |
| jurisdiction. In addition, if a perm  |                                  |  |                     |  |                              |              |                            |                  |  |
| shall have the authority to enter all   |                                  |  |                     |  |                              |              |                            |                  |  |
| such permit.  | -                                | =  |                     |  | -                            |              | -                          |                  |  |
| SIGNATURE OF APPLICANT  |                                  |  | ADDRES              |  | DATE                         |              | PHC                        | <br>)ne          |  |
|   |                                  |  |                     |  |                              |              |                            |                  |  |
| RESPONSIBLE PERSON IN CHARGE (  | OF WORK, TITLE                   |  |                     |  | DATE                         |              | PHC                        |                  |  |