

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 9 Morgan CT , Portland ME 04103		Owner: Jason & Rebecca Palmer		Phone: 854-2036		Permit No: 000540
Owner Address: 15 Doyle St, Westbrook ME 04102		Lessee/Buyer's Name:		Phone:		
Contractor Name: *Jason Palmer		Address: SAME		Phone:		Zone: R-5 CBL: 143-B-012-16
Past Use: Single Family Dwelling		Proposed Use: SAME		COST OF WORK: \$ 1,000.00		
				FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Use Group A-3 Type 5 BOC 494 Signature: <i>[Signature]</i>
Proposed Project Description: Cut Rough opening for double french door. Place header for <u>gable</u> end support.				Signature:		
Permit Taken By: KA		Date Applied For: NC 5/19/00				Zoning Approval: ok with conditions Special Zone or Reviews: <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
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..

MAIL TO: Jason Palmer
9 Morgan CT
Portland, ME 04103

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: 5/19/00 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

**PERMIT ISSUED
WITH REQUIREMENTS**

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *[Signature]*

**PERMIT ISSUED
WITH REQUIREMENTS**
CEO DISTRICT
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