Location of Construction: 14 Torrey Street	Owner: Kristen Br	acklow	Phone: 774–3068	Permit No:
Owner Address:	Lessee/Buyer's Name:	Phone:	BusinessName:	000978
SAA	Lessee/Buyer's Name.	r none.	Businessivanie.	
Contractor Name:	Address:	Phor		Permit Issued:
J&MC Contractors	52 Old Lisbon Rd Topsham ME 04086 729-0894			
Past Use:	Proposed Use:	COST OF WOR	RK: PERMIT FEE:	
		\$6,611.00	\$ 66.00	SEP 2000
single family	same	FIRE DEPT. 🗆	Approved INSPECTION :	
			Denied Use Group 3 Typ	e:5B
			BOCA9941 N	Zone: CBL: 156-C-005
Proposed Project Description:		Signature:	Signature:	
Proposed Project Description.			ACTIVITIES DISTRICT PLA.	
		Action:	Approved \mathcal{U}	Decial Zone or Reviews:
12x25 deck			Approved with Conditions:	D Shoreland Condutor
12x2J deck			Denied	$\Box \mid \Box$ Wetland $\Box \downarrow \Box \downarrow \Box$
				Flood Zone 9
·		Signature:	Date:	
Permit Taken By:	Date Applied For:	Aug 31 2000 K		Site Plan maj 🗆 minor 🗆 mm 🗆
				Zoning Appeal
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.				□ Variance
2. Building permits do not include plumbing, septic or electrical work.				□ Miscellaneous
				Conditional Use
3. Building permits are void if work is not started within six (6) months of the date of issuance. False informa-				
tion may invalidate a building permit	and stop all work			□ Approved □ Denied
			_	Defined
			PERMIT ISSUED WITH REQUIREMENTS	Historic Preservation
			IT ISSEMENIE	Whot in District or Landmark
		;	ERMI UIREN	Does Not Require Review
			PLIREUS	□ Requires Review
			WITH .	
				Action:
	CERTIFICATION	N		
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 applic				
areas covered by such permit at any reason	· · · · · ·		5	Date:
······································				- Martin Contraction Contraction
			00	PERMITISSUED PERMITISSUED CENTON BEQUIREMENTS CENTON DISTRICT
SIGNATURE OF APPLICANT	ADDRESS:	<u>Aug 31, 20</u> DATE:	<u></u>	
SIGMATORE OF ANTEICANT	ADDILLOS.	DALL.	HIONE.	EDMIT 1500 FENTS
				PERIEDUIRE 2
RESPONSIBLE PERSON IN CHARGE O	F WORK, TITLE		PHONE:	
W	hite-Permit Desk Green-Assessor's	Canary-D.P.W. Pink-P	ublic File Ivory Card-Inspecto	or L

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