	y of Portland, Maine	0	••	11	rmit No: 10-0630	Issue Date:		CBL: 156 F00	)6012
389 Congress Street, 04101 Tel: (207) 874-8703Location of Construction:Owner Name:			, Fax: (207) 874-871	-					00012
		т	Owner Address:		σστλτες		Phone:		
		Contractor Name	ENGLE APRIL		12 BACK COVE ESTATES			Phone	
Business Name:					Contractor Address:				
		<u> </u>	Flanagan, Rich		PO Box 350 Standish			2076424834	
Lessee/Buyer's Name		Phone:	Phone:		Permit Type: Alterations - Commercial				Zone:
Past Use: Proposed			Permit Fee: Cost of Work:		CE	O District:			
Sin	gle Family Condo	Single Family	Single Family Condo - replace		\$40.00	\$1,970.	00	4	
		existing deck of add stairs	existing deck on condo & enlarge /		FIRE DEPT: Approved INSI		SPECTI	PECTION: e Group: Type:	
Prop	osed Project Description:	I.							
replace existing deck on condo & enlarge / add stairs				Signature:		S	gnature:	nature:	
				PEDESTRIAN ACTIVITIES DISTR		CT (P.A.D.)			
			Action: Approved Approved		ved w/Cor	d w/Conditions Denied			
				Signature:			Date:		
Perm	it Taken By:	Date Applied For:			Zoning	Approval			
ldo	bson	06/03/2010							
1. This permit application does		es not preclude the	Special Zone or Revi	ews Zoning Appeal		g Appeal		Historic Preservation	
	Applicant(s) from meeting applicable State and Federal Rules.		Shoreland	] Shoreland		U Variance		Not in District or Landmark	
2.	<ol> <li>Building permits do not include plumbing, septic or electrical work.</li> </ol>		Wetland		Miscellaneous			Does Not Require Review	
3.	*		Flood Zone		Conditional Use			Requires Review	
			Subdivision		Interpretation [			Approved	
			Site Plan		Approved			Approved w/Conditions	
			Maj 🗌 Minor 🗌 MM	[	Denied			Denied	
			Date:		Date:		Date:		

## 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 provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE

Location of Construction:	Owner Name:	Owner Address:	Phone:				
12 BACK COVE ESTATES	ENGLE APRIL	12 BACK COVE ESTATES					
Business Name:	Contractor Name:	Contractor Address:	Phone				
	Flanagan, Rich	PO Box 350 Standish	2076424834				
Lessee/Buyer's Name	ssee/Buyer's Name Phone: Pe		Zone	:			
		Alterations - Commercial					
Dept:       Zoning       Status:       Approved with Conditions       Reviewer:       Ann Machado       Approval Date:       06/08/2010         Note:       Unit 12 is Building "B" which has 10 units.       Ok to Issue:       ✓							
<ol> <li>This property shall remain as 65 residential condominiums. Any change of use shall require a separate permit application for review and approval.</li> </ol>							
<ol> <li>This permit is being approved on the basis of plans submitted. Any deviations shall require a separate approval before starting that work.</li> </ol>							
Dept: Building Status: A	pproved with Conditions <b>Reviewer</b>	: Tammy Munson Approval Da	te: 06/21/201	10			
Note: Ok to Issue:							
<ol> <li>Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.</li> </ol>							
Dept: Fire Status: A	pproved Reviewer	: Capt Keith Gautreau Approval Da	te: 06/09/201	10			
Note:			Ok to Issue: 🔽	•]			

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SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE