DISPLAY THIS CARD ON PRINCIPAL FRONTAGÉ OF WORK **CITY OF PORTLAND**

Please Read Application And

PULL DIVIDENCE PECTION

Notes, If Any, Attached	PERMI	Permit Number: 061166
This is to certify thatVOLGER JULIA B & BRI	U K BROWN III/CMA Carpen	PERMIT ISSUED
has permission to Removal of sunroom		
AT 65 GEORGE ST		A001001 AUG 2 5 2006
provided that the person or person of the provisions of the Statutes of		this permit shall comply with a
the construction, maintenance and	of buildings and uctures,	the City of Portland regulating and of the application on file
this department.		
Apply to Public Works for street line and grade if nature of work requires such information.	ification of inspersion must be an and when permulation on proceed to breathis had been permulated or a cruit of the control o	A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUIRED APPROVALS Fire Dept.		8/25/06
Health Dept	C	the later of
Other		/ Director - Bullding & Inspection Services
	IALTY FOR REMOVING THIS CARE	V

Mose -out.

City of Portland, I	Maine - Buil	ding or Use	Permi	t Applicatio	n Per	mit No:	Dane Date:	T ICCUIT		
389 Congress Street,	04101 Tel: (207) 874-8703	, Fax:	(207) 874-871	.6	06-1166		T ISSUED 157	A001001	
Location of Construction: Owner Name:				Owner	Address:	l .	Phopne:			
65 GEORGE ST VOLGER JULIA B &		BRUCE K B	65 G	EORGE ST	Alig 2	5 5000	- 1			
CMA		Contractor Name:			Contra	actor Address		Phone		
		CMA Carpent	CMA Carpentry		Win	dham	TIVACE	20460	05 6222	
		Phone:	hone:		Permit Type:				Zone:	
				}	Alte	rations - Dw	ellings_	The second secon	K-	
Past Use: Proposed Use:		Proposed Use:			Permi	it Fee:	Cost of Worl	k: CEO Distric	et:	
Single Family Sing		Single Family	Single Family remove of sunroom		Ì	\$70.00	\$5,00	00.00 4		
					FIRE DEPT: Approved IN			INSPECTION:	SPECTION:	
				Dergied Us			Use Group:	e Group: // S Type: S/S		
					Signature: Sig					
								TRC		
Proposed Project Descript	ion:							k/		
Removal of sunroom								Signature:		
						STRIAN ACT	IVITIES DIST	TRICT (P.A.D()	()	
					Action	n: Appro	oved App	proved w/Conditions		
					Sional	t		Date:		
Permit Taken By:	Permit Taken By: Date Applied For:				Signature:					
dmartin		4/2006			Zoning Approval					
			Special Zone or Reviews		Zoning Appeal		Historic	Historic Preservation		
1. This permit applied		•							_/	
Applicant(s) from meeting applicable State and Federal Rules.		cable State and	Shoreland			Variance		✓ Not in D	Not in District or Landmar	
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland		Miscellaneous		☐ Does No	☐ 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	Requires Review			
		a building	Subdivision			Interpretation		Approve	Approved	
			☐ Si	te Plan	Approved			Approve	Approved w/Conditions Denied	
			Maj Minor MM Cond		$\psi_{k}\Box_{1}$	Denied		Denied		
					my wy			D-+		
		Dater			Date:		Date:	Date:		
			C	CERTIFICATI	ON					
I hereby certify that I as	m the owner of	record of the na	med pro	operty, or that t	he prop	osed work i	s authorized	by the owner of re	ecord and that	
I have been authorized	by the owner to	make this appli	ication a	as his authorize	d agent	t and I agree	to conform t	to all applicable la	aws of this	
jurisdiction. In additio										
shall have the authority such permit.	to enter all are	as covered by st	ıcn perr	nit at any reaso	nable n	our to entor	ce the provis	sion of the code(s) applicable to	
permit							•			
SIGNATURE OF APPLICA	ANT			ADDRES	S	-	DATE		PHONE	
RESPONSIBLE PERSON I	N CHARGE OF W	ORK, TITLE					DATE		PHONE	