City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-87				Pe	Permit No: Issue Date: 07-0516		CBL: 160 E031001		
Location of Construction: 9 FRYE ST		Owner Name: CARTER BARBARA L		Owner Address: 9 FRYE ST			Phone:		
Business Name:	Contractor N GIL COTE	ame:		Contractor Address: 24 Fairmont Ave Auburn			Phone 2077773994		
Lessee/Buyer's Name	Phone:				it Type: ditions - Dwellings				Zone:
Past Use: Proposed Use: Single Family Single Family			w/ 12x16 Addition		nit Fee: Cost of Work: \$270.00 \$24,600.0			CEO District: 4	
				FIRE	DEPT:	Approved Denied	INSPEC Use Gro		Туре
Proposed Project Description: 12x16 Addition					PEDESTRIAN ACTIVITIES DISTR		TRICT (P		
				Actio Signa		ved App		/Condition	Denied
Permit Taken By: csh	Date Applied For: 05/09/2007		Zoning Approval			l			
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		Specia	Special Zone or Reviews		Zoning Appeal			Historic Preservation	
		Shore	Shoreland		Variance			Not in District or Landma	
2. Building permits do not include plumbing, septic or electrical work.		🗌 Wet	Wetland		Miscellaneous			Does Not Require Revie	
 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 		Floo	Flood Zon		Conditional Us			Requires Review	
		Subo	Subdivision		Interpretatio			Approved	
		☐ Site	Plan		Approve	ed		Approved w/	Condition
		Maj 🗌] Mino 🗌 MM [Denied			Denied	
		Date:			Date:		Da	ate:	

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 APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО

Location of Construction:	n of Construction: Owner Name:		Owner Address:		Phone:	
9 FRYE ST	CARTER BARBARA I	L	9 FRYE ST			
Business Name:	Contractor Name:	Contractor Name:			Phone	
	GIL COTE		24 Fairmont Ave Aut	burn	2077773994	
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwelling	gs	Zone:	
Dept: Zoning	Status: Approved	Reviewer	: Chris Hanson	Approval Dat	te: 05/23/2007	
5/23/07						
Dept: Building	Status: Approved with Condition	ns Reviewer	: Chris Hanson	Approval Dat	_	
	Status: Approved with Condition	ns Reviewer	: Chris Hanson		te: 05/23/2007 Ok to Issue: ☑	
Dept: Building Note: 1) Separate permits are rec	Status: Approved with Condition quired for any electrical, plumbing, ed to be submitted for approval as	or HVAC syste	ms.		_	
Dept: Building Note: 1) Separate permits are rec	quired for any electrical, plumbing, ed to be submitted for approval as	or HVAC syste	ms.		_	
 Dept: Building Note: 1) Separate permits are red Separate plans may nee 2) Fastener schedule per the 	quired for any electrical, plumbing, ed to be submitted for approval as	or HVAC syste a part of this pr	ms. ocess.		Ok to Issue: 🗹	
 Dept: Building Note: 1) Separate permits are reconservate plans may need 2) Fastener schedule per the 3) Permit approved based 	quired for any electrical, plumbing, ed to be submitted for approval as ne IRC 2003	or HVAC syste a part of this pr	ms. ocess.		Ok to Issue: 🗹	

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