	y of Portland, Main Congress Street, 0410		U				07-1374	Issue Dat	e:	162 B03	0001
			Owner Name:				Owner Address:			Phone:	
43 VERA ST			CUNNINGHAM GEORGE M & LEIG			43 VERA ST					
			Contractor Name:			Contractor Address:			Phone		
			George Wehrn	nan	I	-	056 Alfred Road	Lyman		603966712	23
Lessee/Buyer's Name Phone:			Phone:			Permit Type: Alterations - Dwellings				Zone:	
Past Use: Proposed Use:						Permit Fee: Cos		Cost of Wo	ost of Work: CE		
windo			Single Family Home - Remove Bay window & frame in, replace window in bath w/ tempered glass		\$70.00		\$5,0	000.00 4			
					FI		Approved Denied	Use Gro		Type	
_	posed Project Description		aaa usindass in h	oth 111/ t	amparad alass						
Ke	move Bay window & fra	ime m, repr	ace window in o	oaui w/ tempered grass		Signature: PEDESTRIAN ACTIVITIES DIST		Signature:			
						A	ction Approv	ved App	proved w/C	Condition	Denied
						Si	gnature:]	Date:	
	mit Taken By: obson	Date A ₁	pplied For: /2007			Zoning Approval					
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		preclude the	reclude the Special Zone or Revi		ews Zoning Appeal			Historic Preservation		
					☐ Variance			☐ Not in District or Landn			
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			☐ Does Not Require Revie			
3.	Building permits are void if work is not started within six (6) months of the date of issuance.			☐ Flood Zon		Conditional Us			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision		Interpretatio		Approved				
			Site Plan			Approved			Approved w/Condition		
				Maj Mino MM		Denied			☐ Denied		
			Date:		Date:		Dat	Date:			
I ha juris shal	reby certify that I am the we been authorized by the sdiction. In addition, if a ll have the authority to e uch permit.	ne owner to a permit for	o make this appli r work described	med procession a	as his authorized application is iss	ne p d ag	ent and I agree t d, I certify that th	o conform to	to all app cial's autl	licable laws of horized repres	of this sentative
SIG	SNATURE OF APPLICAN				ADDRES	S		DATE	3	P	НО

Location of Construction: 43 VERA ST	Owner Name: CUNNINGHAM GEORGE M & LEIO		Owner Address: 43 VERA ST	Phone:	
Business Name:	Contractor Name: George Wehrman		Contractor Address: 2056 Alfred Road Lyman	Phone 6039667123	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Dwellings	Zone:	

Dept:	Zoning	Status: Approved	Reviewer:	Chris Hanson	Approval Date:	11/06/2007
Note:					Ok to	Issue: ✓

 Dept:
 Building
 Status:
 Approved with Conditions
 Reviewer:
 Chris Hanson
 Approval Date:
 11/06/2007

 Note:
 Ok to Issue:
 ✓

- 1) Application approval based upon information provided by applicant. Any deviation from approved plans requires separate review and approval prior to work.
- 2) Separate permits are required for any electrical, plumbing, or HVAC systems. Separate plans may need to be submitted for approval as a part of this process.

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	PHO	
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	PHO	