	ty of Portland, Maine -	O			Per	rmit No: 09-0454	Issue Date	e:	CBL: 292 F02	0001
389 Congress Street, 04101 Tel: (207) 874-8703, Location of Construction: Owner Name: EDICKSON CE			Owner Ac		r Address:			Phone:		
12 ELEANOR ST Business Name:			ERICKSON CRYSTAL N & DOBOL Contractor Name:		12 ELEANOR ST Contractor Address:				207-400-9344 Phone	
			Bjorn Erickson			10 Eleanor Street Portland			2074009344	
Lessee/Buyer's Name Phone:		Phone:			Permit Type: Alterations - Duplex				Zone:	
Past Use: Two Family Residential			esidential - Rebuild				00.00 5			
			the Second Level Deck 8'x5' Existing Footprint.		FIRE	Прриочен			NSPECTION: Use Group: Type	
Proposed Project Description: Rebuild the Second Level Deck 8'x5', in the Existing F				Footprint.		Signature:		Signature:		
						Action Approved Approved Approved				
					Action Approved Approve Signature:				Date:	
Permit Taken By: Date Applied For: 05/11/2009			Zoning Approval							
1.			Special Zone or Reviews		Zoning Appeal			Historic Preservation		
			Shoreland		☐ Variance		I	☐ Not in District or Landm		
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 inv permit and stop all work	validate a building	Subdivision			☐ Interpretatio			Approved	
			Site Plan			Approved			Approved w/Condition	
			Мај [Mino MM	Denied			☐ Denied		
			Date:			Date:		Da	ite:	
I ha juri: shal	ereby certify that I am the over twe been authorized by the o sdiction. In addition, if a pe Il have the authority to enter uch permit.	owner to make this appliermit for work described	med proication a	as his authorized application is is:	ne prop d agen sued, I	t and I agree t certify that th	o conform to ne code offic	o all app cial's aut	plicable laws of thorized repres	of this sentative
SIC	GNATURE OF APPLICAN			ADDRES	S		DATE	,	P	НО

Location of Construction: 12 ELEANOR ST	Owner Name: ERICKSON CRYSTAL		Owner Address: 12 ELEANOR ST	Phone: 207-400-9344		
Business Name:	Contractor Name: Bjorn Erickson		Contractor Address: 10 Eleanor Street Portland		Phone 2074009344	
Lessee/Buyer's Name	Phone:		Permit Type: Alterations - Duplex		Zone:	
-	tus: Approved with Condition	ns Reviewer :	Marge Schmuckal	Approval Dat		
Note: 1) Separate permits shall be re	equired for future decks, sheds,	nools and/or s	rora a a		Ok to Issue: ✓	
limited to items such as sto	r an additional dwelling unit. Yves, microwaves, refrigerators, a two (2) family dwelling. Any	, or kitchen sink	s, etc. Without special	approvals.	-	
	ved on the basis of plans submit it is the side deck that is being					
Dept: Building Stat	tus: Pending	Reviewer:	Tom Markley	Approval Dat	te:	
				- ipprovar Da		
Note:			·		Ok to Issue:	
Note:						
Note:						
Note:						
Note:						
Note:						

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	PHO