City of Portland, Maine - Bu	U			Permit No:	Issue Date:	CBL:
389 Congress Street, 04101 Tel:	`	, Fax: (207) 874-8		2014-01761	<u> </u>	163 O005001
Location of Construction:  20 LYNDA RD  PINKHAM K MARY E JTS		ENNETH E &	20 L	Owner Address: 20 LYNDA RD PORTLAND, ME 04103		Phone: (207) 772-8955
Business Name:	Contractor Name: Alan Munroe		Contractor Address: 277 Long Hill Road Sebago ME 04029			Phone: (207) 756-0436
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Single Family			Zone:
Past Use:	Proposed Use:	Proposed Use:		it Fee:	CEO District:	
Single-Family Home	Single-Family	Single-Family Home		\$509.00 ECTION:	\$45,00	00.00 5
<b>Proposed Project Description:</b> Construct a 4' x 7' single story addit	ion to the evicting	analosad narah				
and remodel the porch into the mast		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)				
•	Action: Approved Approv		ed w/Conditions Denied			
						Date:
	Applied For: 07/2014		Zoning Approval			
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation
Applicant(s) from meeting appl Federal Rules.		Shoreland		☐ Varianc	e	Not in District or Landman
2. Building permits do not include septic or electrical work.	Wetland		Miscella	aneous	Does Not Require Review	
3. Building permits are void if wo within six (6) months of the dat	e of issuance.	Flood Zone		Condition	onal Use	Requires Review
False information may invalidate a buildin permit and stop all work		☐ Subdivision ☐ Site Plan		Interpre	tation	Approved
	Approve			ed	Approved w/Conditions	
	Maj Minor MM		Denied		Denied	
		Date:		Date:		Date:
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit shall have the authority to enter all a such permit.	to make this appl for work describe	lication as his authord in the application	nat the rized a is issu	proposed work a gent and I agree aled, I certify that	e to conform to t the code offici	all applicable laws of this ial's authorized representative
SIGNATURE OF APPLICANT		ADD	RESS		DATE	PHONE

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE