<b>City of Portland, Maine -</b> 389 Congress Street, 04101	0		**		<b>Permit No:</b> 07-1301	Issue Dat	e:	CBL: 261 A00	1001
Location of Construction: 161 ROWE AVE	Owner Name: RICHARDSON	Owner Name: RICHARDSON WYVONNE O		Owner Address: 161 ROWE AVE			Phone:	Phone:	
Business Name:	Contractor Name: Build it Brothers			Contractor Address: P.O. Box 1042 OOB			Phone 2075906998		
Lessee/Buyer's Name Phone:				Permit Type: Alterations - Duplex				Zone:	
Past Use:       Proposed Use:         2 Unit residential       2 Unit resident         replace deck a code remove or rebuild on she		tial - Repair and			ermit Fee: \$110.00	\$9,000.00		CEO District: 3	]
		lilapidat		Approved			SPECTION: e Group: Type		
<b>Proposed Project Description:</b> Repair and replace deck and stairs rebuild to code remove dilapide no rebuild on shed			apidated shed	Signature: Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.I Action Approved Approved w/Con			( <b>P.A.D.</b> )		
		1		Si	gnature:			Date:	
Permit Taken By: ldobson	<b>Date Applied For:</b> 10/17/2007	Zoning Approval							
1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.			Special Zone or Reviews		Zoning Appeal			Historic Preservation	
2. Building permits do not include plumbing, septic or electrical work.			Wetland		Miscella	Miscellaneous		Does Not Require Revie	
<ol> <li>Building permits are void if work is not started within six (6) months of the date of issuance.</li> </ol>			Flood Zon		Conditional Us			Requires Review	
False information may invalidate a building permit and stop all work		Subdivision		Interpretatio			Approved		
		🗌 Sit	te Plan		Approv	ed		Approved w/	Condition
		Maj [	Mino MM		Denied			Denied	
		Date:			Date:		Ι	Date:	

## 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

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Lessee/Buyer's Name		Phone:		<b>Permit Type:</b> Alterations - Duplex			Zone:
Dept: Zoning Note:	Status:	Pending	Reviewer		Approval Dat	te: Ok to Issue	e: 🗆
Dept: Building Note:	Status:	Pending	Reviewer	:	Approval Dat	e: Ok to Issue	e: 🗆

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