	y of Portland, Main Congress Street, 0410		_				07-0849	Issue Dat	e:	283 C00	1001	
Location of Construction: Owner Nam				, 1 (201) 011 0110			vner Address:				Phone:	
44	FOUR WINDS RD		FLAHERTY LOUIS J & SANDRA M			44 FOUR WINDS RD						
Bus	iness Name:		Contractor Name: Build it Brothers			Contractor Address: P.O. Box 1042 OOB			Phone 207590699	Phone 2075906998		
Less	see/Buyer's Name		Phone:			Permit Type: Additions - Dwellings					Zone:	
			Proposed Use: Single Family I	ome - New 8'x 12'		Permit Fee: \$80.00			st of Work: CEO District \$6,000.00 3			
			Deck			<u></u>		Approved Denied	INSPEC' Use Gro			
	posed Project Description	1:										
New 8'x 12' Deck							Signature: PEDESTRIAN ACTIVITIES DIST			Signature:		
										Condition	Denied	
						Si	gnature:		I	Date:		
Permit Taken By: Date Applied For: ldobson 07/13/2007					Zoning Approval							
1.				Special Zone or Revie			ews Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State Federal Rules.			Shoreland			☐ 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 ☐ Site Plan Maj ☐ Mino ☐ MM			☐ Interpretatio			Approved		
			Approved				Approved w/Condition					
							Denied			☐ Denied		
				Date:			Date:			Date:		
I ha juri: shal	ereby certify that I am the tive been authorized by the sdiction. In addition, if a Il have the authority to e uch permit.	ne owner to a permit fo	o make this appli r work described	med procation a	as his authorized application is iss	ne p d ag	gent and I agree t d, I certify that th	o conform to	to all app cial's autl	licable laws of orized representations of the contract of the	of this sentative	
SIC	ENATURE OF ARRIVAN				ADDDES	2		DATE	7	D.	HO.	
SIC	GNATURE OF APPLICAN				ADDRESS	•		DATE	2	P.	НО	

Location of Construction: 44 FOUR WINDS RD	Owner Name: FLAHERTY LOUIS J	& SANDDA M	Owner Address: 44 FOUR WINDS RD		Phone:	
Business Name:	Contractor Name: Build it Brothers	& SANDIA W	Contractor Address: P.O. Box 1042 OOB	Phone 2075906999	8	
Lessee/Buyer's Name	Phone:		Permit Type: Additions - Dwellings			Zone:
Dept: Zoning Status: Note:	Pending Revi		:	Approval Date: Ok to Issue:		
Dept: Building Status: Note:	Pending	Reviewer	Reviewer:		ate: Ok to Issue	 :: 🗆
		CERTIFICATIO)N			
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit is shall have the authority to enter all a to such permit.	of record of the named pr to make this application for work described in the	operty, or that the as his authorized application is is:	ne proposed work is autho d agent and I agree to conf sued, I certify that the code	form to all apple official's auth	icable laws o orized repres	f this entative
SIGNATURE OF APPLICAN		ADDRES:	5	DATE	PH	Ю