City of Portland, Maine -	Building or Use	Permit Applica	tion	Permit No:	Issue Date:	CBL:		
389 Congress Street, 04101 T	Tel: (207) 874-8703	Fax: (207) 874-8	3716	2013-02347		176 A018001		
Location of Construction:		Owne	r Address:		Phone:			
71 ROSEMONT AVE KANE THOM MAUREEN C				ROSEMONT AVE PORTLAND, 2 04103		TD,		
Business Name:	Contractor Name	Contractor Name:		actor Address:	Phone			
Mark Dussa dandgrestor		t on@yahoo.com	14 Todd Lane South Portland ME 0410		04106 (207) 632-9733			
Lessee/Buyer's Name	Phone:	Phone:		t Type:	Zone:			
				litions - Single l	R5			
Past Use: Proposed Use:		Per		Fee: Cost of Work:		CEO District:		
Single Family Same: Single		•		\$60.00	\$4,0	00.00 7		
			INSPI	ECTION:				
Proposed Project Description:								
Construct new rear deck 12' x 16		DEDECTRIAN ACTIVITIES DISTRICT (DAD)						
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved Approved w/Conditions Denied						
			Si	gnature:		Date:		
· ·	ate Applied For: 10/18/2013				Zoning Approval			
This permit application does not preclude the		Special Zone or Reviews		Zoni	ng Appeal	Historic Preservation		
Applicant(s) from meeting applicable State and Federal Rules.				☐ Varianc	ee	Not in District or Landman		
2. Building permits do not include plumbing, septic or electrical work.		Wetland		Miscell	aneous	Does Not Require Review		
3. Building permits are void if within six (6) months of the	Flood Zone		Condition	onal Use	Requires Review			
False information may invalidate a building permit and stop all work		Subdivision		Interpre	etation	Approved		
	Site Plan		Approv	ed	Approved w/Conditions			
	Maj Minor MM		_ Denied		☐ Denied			
	Date:		Date:		Date:			
I hereby certify that I am the own I have been authorized by the ow jurisdiction. In addition, if a perishall have the authority to enter a such permit.	rner to make this appl mit for work describe	lication as his authord in the application	nat the rized a is issu	proposed work gent and I agree ed, I certify that	e to conform to t the code offic	all applicable laws of this ial's authorized representative		

DATE

PHONE

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE