Location of Construction: Owner:			Phone:		Permit No:
42 Hillis Street Portland 04103				371-8273**	
Owner Address:	Lessee/Buyer's Name:	Phone:	Busines	sName:	
SAA Contractor Name:	Address:	Phon			Permit Issued:
	1				
Deck Specialties Past Use:	One Waterhouse Rd Gorham me 04038 839-6442 Proposed Use: COST OF WORK: PERMIT FEE:		PERMIT FEE:	-	
Tust Use.	Troposed Osc.	\$ 3390.00		\$ 48.00	NOV - 5
	1	<u> </u>	Annewad	INSPECTION:	
single family	same	1	FIRE DEPT.  Approved INSPECTION:  Denied Use Group: 1/3 Type: 5/4		
	l		D belied		Zone: CBL: 76-A-028 229
		Signature:		BOC 4-96 Signature: The Cons	A-57 176-A-028 229
Proposed Project Description:			ACTIVITIE	ES DISTRICT (PAD.)	Zoning Approval place on
		Action:	Approved		may may the exist
		, rottom	Approved with Conditions:		opecial zolle gi rjeviews.
Removal of old deck and replacement		Denied	□ Wetland		
					□ Flood Zone No EN CA
		Signature:		Date:	□ Subdivision We how A
Permit Taken By: K	Date Applied For:	Oct 27 1999 K			☐ Site Plan maj ☐minor ☐mm ☐
					Sepanste Approv
1. This permit application does not preclude the	a Applicant(s) from mosting applicable	a State and Federal rules			Zoning Appeal
					□Miscellaneous
2. Building permits do not include plumbing, septic or electrical work.					□ Conditional Use (1)4-19
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work					☐ Interpretation
					□ Approved '
•					□ Denied
					Historic Preservation
					□ Not in District or Landmark
					☐ Does Not Require Review
			חרם'	MIT ISSUED REQUIREMENTS	☐ Requires Review
			PEN	COLUREMENTS	Action
			MILH	(EQUITED )	Action:
	CERTIFICATION				□Appoved
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,					1 ' '
					_ I
if a permit for work described in the application	is issued, I certify that the code officia	l's authorized representa	tive shall ha	ive the authority to enter all	Data
areas covered by such permit at any reasonable	hour to enforce the provisions of the c	ode(s) applicable to such	n permit		Date:
		Oct 28 1999			
SIGNATURE OF APPLICANT	ADDRESS:	DATE:		PHONE:	-
					PERMIT ISSUED
				V	WITH RENILIREMENTS
RESPONSIBLE PERSON IN CHARGE OF WO	ORK, TITLE			PHONE:	CEO DISTRICT
Whita_	Permit Desk Green-Assessor's C	anary_DPW Pink_P	ublic File	Ivory Card-Inspector	
White-	Permit Desk Green-Assessor's C	anary-v.r.w. Pink-Pi	uplic File	ivory Card-inspector	<del> </del>