•	y of Portland, Maine - Congress Street, 04101	••		Permit No: 06-1651	Issue Dat	e:	CBL: 126 E004	4001		
		Owner Name: SMITH AUDR	e: JDREY MAYNARD & K		Owner Address: 75 COYLE ST			Phone:		
			Contractor Name: Monaghan Construction, Inc.		Contractor Address: PO Box 1235 Scarborough			Phone 207883375	Phone 2078833755	
Lessee/Buyer's Name P		Phone:	Phone:		Permit Type: Alterations - Duplex				Zone:	
Duplex Dup add			<b>Proposed Use:</b> Duplex - Remodel 2nd & 3rd flr, addition of 2 story exterior deck, repair of existing deck		ermit Fee: \$1,220.00	Cost of Wo \$120,0	-	CEO District: 3		
					IRE DEPT:	Approved Denied	INSPE Use G	<b>CTION:</b> roup:	Туре	
Proposed Project Description: Remodel 2nd & 3rd flr, addition of 2 story exterior decl deck			k, repair of existing	PH	PEDESTRIAN ACTIVITIES DISTRIC					
				S	Signature:			Date:		
Permit Taken By:Date Applied For:ldobson11/08/2006			Zoning Approval							
1.			Special Zone or Reviews		s Zonii	Zoning Appeal		Historic Preservation		
Applicant(s) from meeting applicable State an Federal Rules.		g applicable State and	Shoreland		Uarianc	Variance		Not in District or Landma		
2.	2. Building permits do not include plumbing, septic or electrical work.		U Wetland		Miscell	Miscellaneous		Does Not Require Revie		
3.	3. Building permits are void if work is not started within six (6) months of the date of issuance.		Flood Zon		Conditi	Conditional Us		Requires Review		
False information may invalidate a building permit and stop all work		Subdivision		Interpretatio		Approved				
			Site Plan			ved		Approved w/	Condition	
			Maj 🗌 Mino 🔲 I	MM	Denied			Denied		
			Date:		Date:		D	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
DESDONGIDI E DEDSON IN CHADCE OF WORK TIT		DATE	DHO

OYLE ST ractor Address: Box 1235 Scarborough it Type: erations - Duplex m Machado Approval Date: was built between 1951 and 1980. Ok to ttached struture during that time	<b>Zone:</b> 11/16/2006
Box 1235 Scarborough       2078         it Type:       2078         erations - Duplex       2078         in Machado       Approval Date:         was built between 1951 and 1980.       Ok to	<b>Zone:</b> 11/16/2006
it Type: erations - Duplex in Machado Approval Date: was built between 1951 and 1980. Ok to	Zone:
erations - Duplex In Machado Approval Date: It was built between 1951 and 1980. Ok to	11/16/2006
In Machado Approval Date: was built between 1951 and 1980. Ok to	
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was built between 1951 and 1980. Ok to	o Issue: 🔽
s shall require a separate approval before ire a separate permit application for review	C
m Markley Approval Date:	
Ok te	o Issue: 🔽
this office.	
1	
m N	Aarkley Approval Date: Ok to

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SIGNATURE OF APPLICAN	ADDRESS	DATE	РНО
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT		DATE	РНО