Cit	ty of Portland, Main	e - Build	ling or Use Pe	ermit A	Application	P	ermit No:	Issue Dat	e:	CBL:	
389	Congress Street, 0410)1 Tel: (2	207) 874-8703,	Fax: (2	207) 874-8716		04-1420			176 G00	8001
Location of Construction: Owner Name:				(Own	Owner Address:			Phone:	
			Conroy Catherine T			42 I	42 Runnells St				
			Contractor Nam	ie:		Cont	ractor Addres	s:		Phone	
			Andy Locke & Phil Nappi			Por	Portland				
Lessee/Buyer's Name Phone:							Permit Type:				Zone:
						Alterations - Duplex					
Past Use: Proposed Use:						Permit Fee: Cost of Work:			rk:	CEO District:	1
Two Family Two			Two Family w/multi-level deck rebuild			\$156.00	\$14,6		3		
					EIDE DENE		Approved	INSPEC			
										se Group: Type	
								Denied		•	••
Pro	posed Project Description	ı:									
	-build 6' x 10' second fl. I		13' first fl deck,	stairs &	railings	Signature: Signature			e·		
			,	<i>9</i>		PEDESTRIAN ACTIVITIES DISTRIC			<u> </u>		
						Action: Approved Approved			provea w	d w/Condition Denied	
						Sign	ature:			Date:	
Per	mit Taken By:	Date A	pplied For:			Zoning Approval			1		
jm	nb	09/23	/2004				2011112	, 1 1 pp1014	•		
1.	This permit application	n does not	nreclude the	Spec	ial Zone or Rev	ews Zoning Appeal			Historic Preservation		
1.	This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.		•	Shoreland		☐ Variance			Not in District or Landm		
2.	Building permits do not include plumbing, septic or electrical work.		Wetland		Miscellaneous			☐ Does Not Require Revie			
3.			☐ Flood Zon			Conditional Us			Requires Review		
	False information may invalidate a building permit and stop all work			Subdivision			☐ Interpretatio			Approved	
			Site Plan			Approved			Approved w/Condition		
				Maj Minor MM			Denied			☐ Denied	
				Date:			Date:		Da	Date:	
I ha juri sha	ereby certify that I am the tive been authorized by th sdiction. In addition, if a Il have the authority to e uch permit.	ne owner to a permit for	o make this appli r work described	med procation a	as his authorize application is is	he pro d agei sued,	nt and I agree I certify that the	to conform the code office	to all ap	plicable laws of thorized repres	of this sentative
SIC	GNATURE OF APPLICAN				ADDRES	S		DATE	3	Pl	НО

42 Runnells St	Conroy Catherine T		42 Runnells St			
Business Name:	Contractor Name:	(Contractor Address:	Phone		
	Andy Locke & Phil N	appi	Portland			
Lessee/Buyer's Name	Phone:]	Permit Type:		Zone:	
] [Alterations - Duplex			
Dept: Zoning	Status: Approved	Reviewer:	Jeanine Bourke	Approval Date	2: 09/	23/2004
Note:				(Ok to Issue	: ~
1) This property shall approval.	remain a two family dwelling. Any ch	ange of use shall	require a separate perm	it application for r	eview and	
2) This permit is bein work.	g approved on the basis of plans subm	itted. Any devia	tions shall require a se	parate approval be	efore startin	ıg that
Dept: Building	Status: Approved	Reviewer:	Jeanine Bourke	Approval Date	e: 09/	23/2004
Note:				(Ok to Issue	: ✓
1) Permit approved ba	ased on the plans submitted and review	ved w/owner/con	tractor, with additional	information as ag	reed on and	d as

Owner Name:

Location of Construction:

noted on plans.

Owner Address:

Phone:

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	PHO
RESPONSIBLE PERSON IN CHARGE OF WORK, TIT	DATE	PHO	