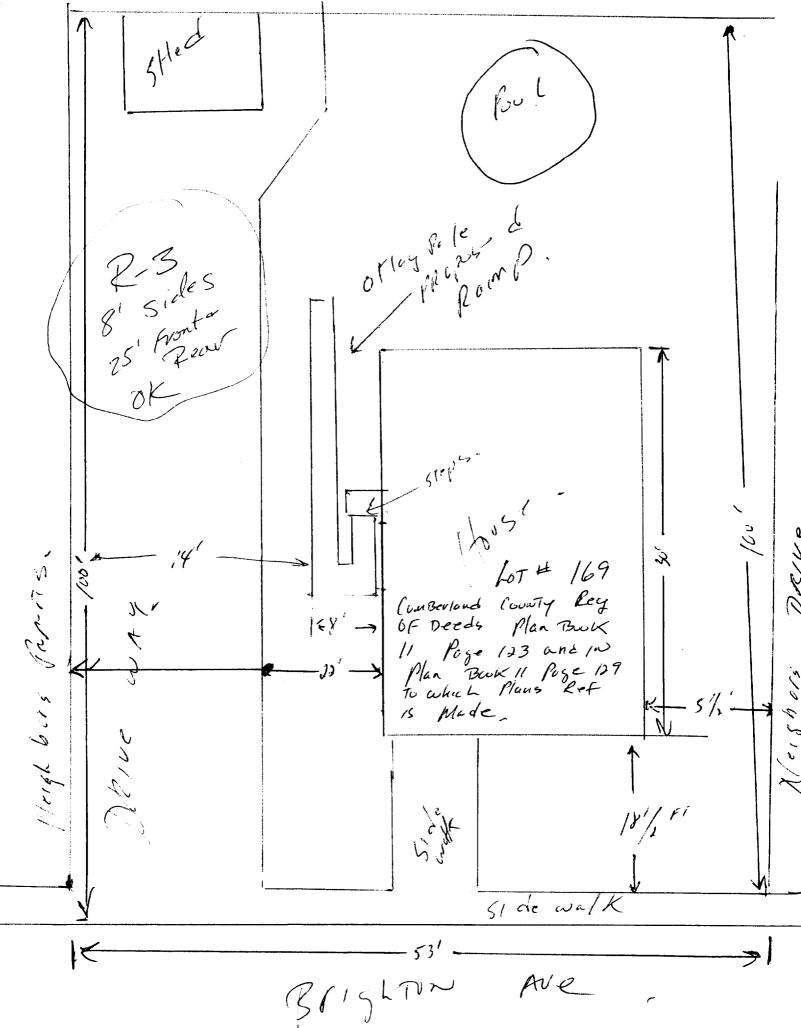
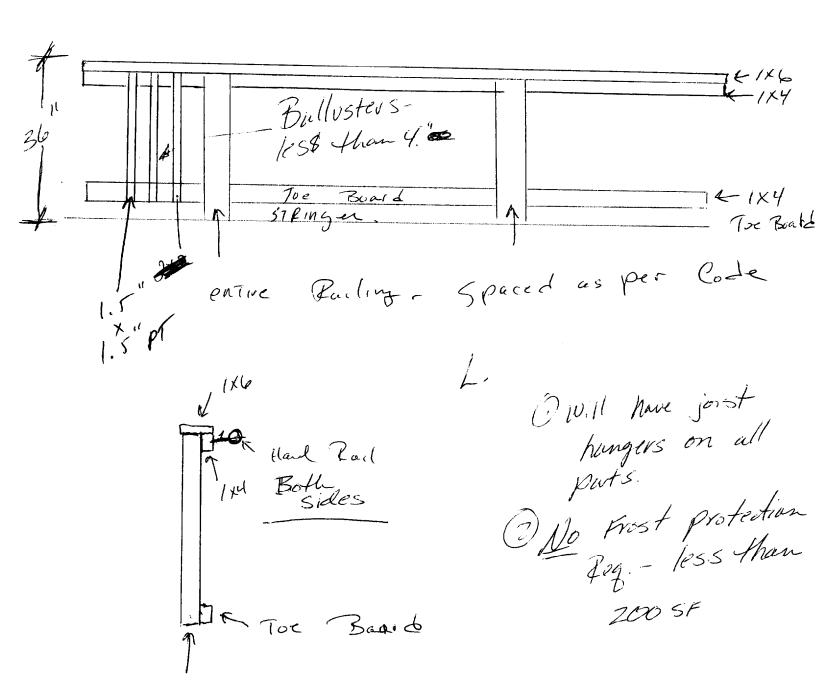
## PERMIT ISSUED

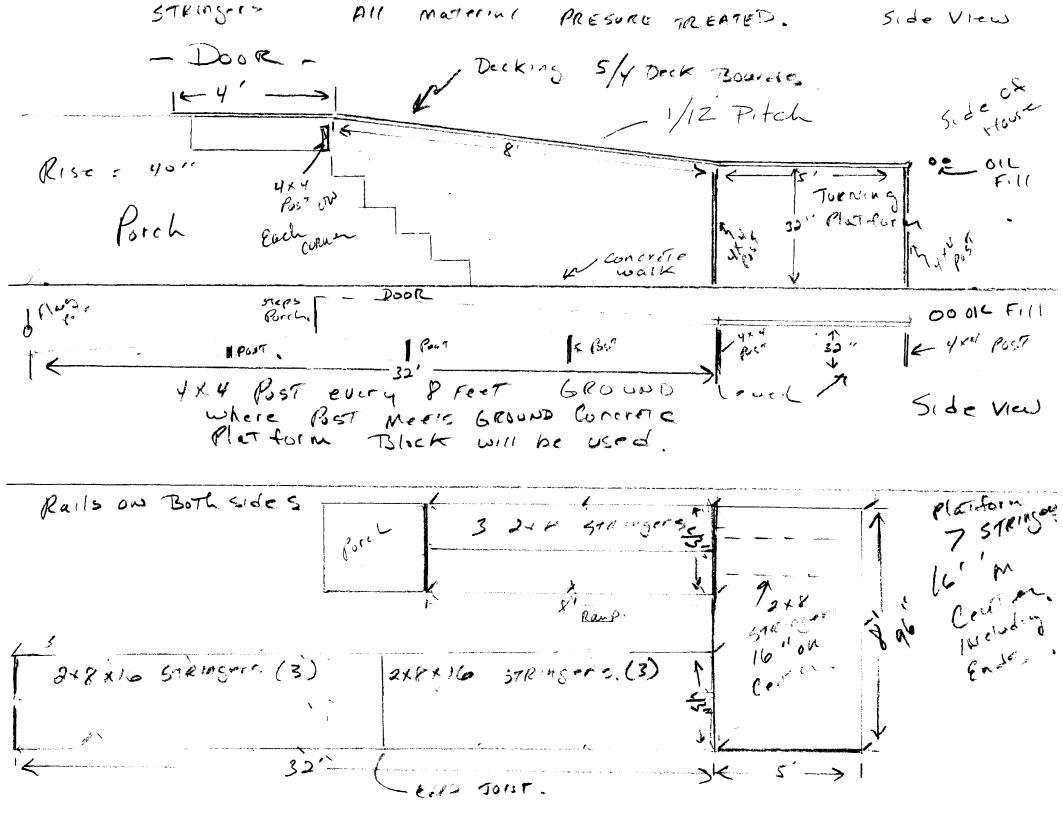
City	of Portland, Maine - Bu	ilding or Use l	Permi	t Application	ı Pe	rmit No:	Issue Date		CBL:		
389	Congress Street, 04101 Tel:	(207) 874-8703	, Fax:	(207) 874-871	5	03-0288	APR 0	4 2003	<sup>3</sup> 177 A(	017001	
Locat	ion of Construction:		Owner Address:				Phone:				
497 Brighton Ave Wigglesworth			Robert A &		497 Brighton AvCTTY OF PORTLAN				<b>ND</b> 207*773	*3940	
Business Name: Contractor Nam no contractor			:		Contractor Address:				Phone		
			tor / self			Portland					
Lessee/Buyer's Name Phone:					Permit Type:					Zone:	
					Ado	ditions - Dwe	llings			11-7	
Past U	Jse:	Proposed Use:			Perm	iit Fee:	Cost of Wor	k:	CEO District:	1	
single family single family			add ramp			\$37.00 \$1,500			3		
					FIRE	E DEPT:	Approved Denied	Use Gr	CTION: oup: f 3 SOCA	Type: SE	
1 -	osed Project Description:										
Buil	d ramp to side entrance				Signa			•	Signature:		
					PEDI	ESTRIAN ACT	IVITIES DIS	FRICT (I	RICT (P.A.D.)		
					Actic	on: Appro	ved Ap	proved w/	/Conditions	Denied	
					Signa	ature:			Date:		
Permi gg	· · · · · · · · · · · · · · · · · · ·	Applied For: 04/2003			Zoning Approval						
	I		Special Zone or Revie		ws	Zoni	ng Appeal	T	Historic Pre	servation	
	Applicant(s) from meeting applicable State and Federal Rules.			Shoreland ;		☐ Variance			Not in District or Landma		
						Miscellaneous			Does Not Require Review		
	within six (6) months of the date of issuance.			☐ Flood Zone		Conditional Use			Requires Review		
False information may invalidate a building permit and stop all work			Subdivision  Site Plan  Maj Minior MM			Interpretation			Approved		
					Approved			☐ Approved w/Conditions ☐ Denied			
					Denied						
	APR 04 113		Date:	4/4/05	· 	Date:		D	ate: 4/4/	03	
	CITY OF Part of the Part			1/					/ /		
I hav juriso shall	eby certify that I am the owner are been authorized by the owner diction. In addition, if a permit have the authority to enter all a permit.	to make this appli for work described	med proication a	as his authorized application is is	e pro l ager sued,	nt and I agree I certify that	to conform the code of	to all ap ficial's a	pplicable laws authorized rep	s of this oresentative	
SIGN	ATURE OF APPLICANT			ADDRES	 3	<del></del>	DATE	ļ	PHO	ONE	



Alternate Railing



34 - 38



Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

Y OF PORTLAND

Please Read Application And Notes, If Any, Attached

ntractor / self

m or

Permit Number: 030288

ances of the City of Portland regulating

ctures, and of the application on file in

This is to certify that

has permission to

Wigglesworth Robert A &/nd

Build ramp to side entrance

AT 497 Brighton Ave

177 A017001 pting this permit shall comply with all

on a

provided that the person or persons, of the provisions of the Statutes of N the construction, maintenance and u this department.

Apply to Public Works for street line and grade if nature of work requires such information.

ication inspe n must and w n permis n procu gi b e this I ding or a thered d or d Ιd sed-in. R NOT ZQUIRED.

ne and of the Q

of buildings and

A certificate of occupancy must be procured by owner before this building or part thereof is occupied.

OTHER REQUIRED APPROVACE

Fire Dept.

Health Dept.

APR 0 4 2003

Appeal Board \_

Other

Department Name CTY OF PORTLAND

PENALTY FOR REMOVING THIS CARD

Building & Inspection Services

## All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 49	7 Bri	glitor					
Total Square Footage of Proposed Structu 13J 59 FT Ram/		Square Footage of Lot					
Tax Assessor's Chart, Block & Lot Chart# Block# Lot# /69	Owner: Robert WIGHTOSWORTH			Telephone: 773-3940			
Lessee/Buyer's Name (If Applicable)	telephone	name, address & Rubert Wiggles with Brighton Augustand We	Co W	ost Of ork: \$ <u>1566</u> e: \$ 37_08			
Current use: Arivate forme Single Family  If the location is currently vacant, what was prior use:  Approximately how long has it been vacant:  Proposed use: Wheel Chair Ramp.  Project description:							
Contractor's name, address & telephone: Sawc of Owner.  Who should we contact when the permit is ready: Robert W166LESWORTh.  Mailing address: RS15Tan T Jonathan Kinney 207-637-3000  We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: 773-3940.							
IE THE REQUIRED INEODMATION IS NOT INCL	IDED IN THE	SURMISSIONS THE DEDMIT WI	II R	E AUTOMATICALLY			

IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.

I hereby certify that I am the Owner of record of the named property, or that the owner of record authorizes the proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code Official's authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes applicable to this permit.

	1		. /					
Signature of applicant:	T	[ X		···	Date:	4	14	103.
	Τ	,	7	7			77	

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4th floor of City Hall