City of Portland, Maine - Buil 389 Congress Street, 04101 Tel: (	O			Per	08-0731	Issue Dat	e:	056 A01	4001
Location of Construction: 33 CUSHMAN ST	Owner Name: BROWN VICTORIA L			Owner Address: 33 CUSHMAN ST				Phone: 207-645-2619	
Business Name:	Contractor Nat Anthony S Bu		ne:		Contractor Address: PO Box 87 East Dixfield			Phone 2076452619	
Lessee/Buyer's Name Phone:				Permit Type: Alterations - Duplex			Zone:		
Past Use: Two Family Residential Two Family Residential Renovation to Kitchen/Dining					·	Cost of Wo \$3,5 Approved	OO.00 INSPEC Use Gro		
Proposed Project Description: Interior Renovation to Second Floor	Kitchen/Dining A	Area		Actio	STRIAN ACTION ACTION Approv		proved w/	A.D.) Condition	Denied
-	Applied For: 0/2008	Signature:  Zoning Approval					Date:		
This permit application does no		Special Zone or Reviews		ews	Zoning Appeal			Historic Preservation	
Applicant(s) from meeting applicable State a Federal Rules.		Shoreland			☐ Variance			☐ Not in District or Landn	
<ol><li>Building permits do not include plumbing, septic or electrical work.</li></ol>		☐ Wetland			Miscellaneous			Does Not Require Revie	
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		Flood Zon			Conditional Us			Requires Review	
		Subdivision			☐ Interpretatio			Approved	
		☐ Si	te Plan		Approve	ed		Approved w	/Condition
			Maj Mino MM		Denied			☐ Denied	
		Date:			Date:		Da	te:	
I hereby certify that I am the owner of I have been authorized by the owner jurisdiction. In addition, if a permit f shall have the authority to enter all at to such permit.	to make this appl or work described	amed proication and in the a	as his authorized application is iss	ne prop I agent sued, I	and I agree to certify that the	o conform t e code offic	to all app cial's auti	olicable laws of horized repres	of this sentative
SIGNATURE OF APPLICAN			ADDRESS	<u> </u>		DATE	E	PI	НО

ocation of Construction:	Owner Name:		Owner Address:		Phone:	
33 CUSHMAN ST	BROWN VICTORIA L	r	33 CUSHMAN ST		207-645-2619	
Business Name:	Contractor Name: Anthony S Bucci		Contractor Address: PO Box 87 East Dixfield		<b>Phone</b> 2076452619	
essee/Buyer's Name	Phone:		Permit Type: Alterations - Duplex		Zo	ne:
Dept: Historic State Note: Work will not be readily Appropriateness.	us: Approved y visible from a public way an	<b>Reviewer</b> d does not need		Approval Dadertificate of		2008 •
Note:  1) ANY exterior work requires District.  2) Separate permits shall be reconstructed.	as: Approved with Condition a separate review and approve quired for future decks, sheds an additional dwelling unit.	al thru Historic	Preservation. This proper garages.		Ok to Issue: hin an Historic	V
	res, microwaves, refrigerators			•	for review and	
approval.	two (2) family dwelling. Any ed on the basis of plans subm	C		••		hat
approval.  5) This permit is being approve work.		C	ations shall require a sep	••	pefore starting th	hat
<ul><li>approval.</li><li>This permit is being approve work.</li></ul>	ed on the basis of plans subm	itted. Any devi	ations shall require a sep	arate approval b	pefore starting th	hat
approval.  5) This permit is being approve work.  Dept: Building State	ed on the basis of plans subm	itted. Any devi	ations shall require a sep	arate approval b	before starting the	hat

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
DEGRONGINI E DEDGON IN CHARGE OF WORK THE		D. I. M.E.	DITO