						ER	MIT ISS	UED	7	
City of Portle	and, Maine - Buil	ding or Use l	Permi	t Application	n [	Permit No:	Issue Date:		CBL:	
389 Congress Street, 04101 Tel: (207) 874-87		_	3, Fax: (207) 874-87			02-0568 ; N   <b>1</b> 2002		002	179 B040001	
Location of Construction: Owner Name:		Owner Name:			Owner Address:			Phone:		
92 Hamblet Ave Weigel Anne		Dunmore		92 Hamblet Ave F PORTLA			LAND	828-3789		
M		Contractor Name:			Contractor Address:				Phone	
		M & M Industries			90 Pearl St. #1 So. Portland				2073294875	
		Phone:			Permit Type:			-	Zone:	
					Additions - Dwellings					
Past Use: Proposed Use:		Proposed Use:			Permit Fee: Cost of Work:			k: CI	EO District:	7
Single Family		Single Family			\$51.00   \$3,700.00   3					
Proposed Project I	Description:	·			F1F	RE DEPT:	Approved	Use Group	RCA YM	туре:5В 1999
Addition of 28' x 16' Deck in Rear of Home					Sign	natur <b>e</b> :		Signature:	Min	
Thanks of 20 it to 200k in them of them					PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)					
							roved w/Co			
			Action:		ved [ App		oved w/Conditions Denied  Date:			
Permit Taken By: Date Applied For:										
gad 05/24/2002			Zoning Approval							
	preclude the	clude the Special Zone or Rev		ws Zoning Appeal			Historic Preservation			
<ol> <li>This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules.</li> </ol>						☐ Variance		t	Not in District or Landmark	
2. Building permits do not include plumbing, septic or electrical work.			☐ Wetland		Miscellaneous			Does Not Require Review		
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/Zone			Conditional Use			Requires Review	
			Subdivision //			☐ Interpretation			Approved	
			Sin	te Plan		Approve	ed		Approved w/	Conditions
			Maj [	Mittor MM		_ Denied			] Denied	
			Date:	000		Date:		Date	: 12/6/	12
I have been auth jurisdiction. In a	that I am the owner of orized by the owner to addition, if a permit for thority to enter all area	make this appli work described	med pro cation a	as his authorized application is is	ne pr d age	ent and I agreed, I certify that	to conform the code off	to all appl	icable laws horized repr	of this esentative
such permit.		-	-	-			•		` ' 1	•

ADDRESS

DATE

DATE

PHONE

**PHONE** 

SIGNATURE OF APPLICANT

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE